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CITY OF ABERDEEN.

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# REPORT

BY THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1951





CITY OF ABERDEEN.

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FOR THE YEAR

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ABERDEEN:  
PRINTED BY G. CORNWALL & SONS.

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MCMLII.

## CITY OF ABERDEEN.

## SUMMARY OF STATISTICS.

The following is a summary of the principal statistics for the years 1946-1951 :—

	1946.	1947.	1948.	1949.	1950.	1951.
Population estimated to middle of year	*176,939	187,751	188,853	189,314	187,961	183,248
Marriage-rate per 1,000 population .	11.9	11.1	11.1	9.7	9.9	10.0
Birth-rate per 1,000 population . .	20.4	22.0	19.1	17.5	17.2	16.5
Illegitimate birth-rate per 100 births .	7.0	5.9	5.9	5.7	5.3	5.4
Infant mortality rate . . . .	42	64	34	30	29	27
Neo-natal mortality rate . . . .	24	26	20	16	17	18
Death-rate per 1,000 population .	12.0	11.9	11.1	11.7	12.1	11.9
Malignant diseases death-rate per 1,000 population	1.75	1.77	1.69	1.82	2.08	1.95
All tuberculosis death-rate per 1,000 population	0.47	0.41	0.37	0.35	0.23	0.22
Respiratory tuberculosis death-rate per 1,000 population	0.40	0.35	0.33	0.32	0.20	0.20
Principal epidemic diseases death-rate per 1,000 population	0.07	0.07	0.05	0.06	0.09	0.08
Average age at death (in years) .	60.3	57.3	61.7	64.1	64.9	65.7

\* Mean civilian population for year.

## PREFACE.

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I herewith submit the Annual Report on the health of the City of Aberdeen for the year 1951. This is the last Report which I shall have the honour of presenting to the Town Council as I retire from the post of Medical Officer of Health on 30th September, 1952, after serving in that capacity for the past 23 years.

Perhaps I may be permitted to make a rapid survey of the various outstanding milestones during my tenure of office. I was appointed Medical Officer of Health in September, 1929. In that year was passed the Local Government (Scotland) Act, 1929. By that Act, the School Health Service came within the ambit of the Public Health Committee and the Education Authority ceased to be a separate body, its place being taken by the Education Committee, one of the several Committees responsible to the Town Council. By the same Act, the Parish Council was abolished and was replaced by the Public Assistance Committee, this Committee again being responsible to the Town Council; the Parish Council Medical Officers, of whom there were five, then came under the jurisdiction of the Medical Officer of Health. There was thus evolved a Scheme whereby co-ordination of the Health Services was effected and one Committee—the Public Health Committee—was responsible for the general health of the community, for the health of the pre-school and of the school child, for the treatment of illness occurring amongst those in receipt of Public Assistance and for all public services dealing with the health of the community.

*Regional Medical Service.*—Co-incident with this change, a Scheme for the co-ordination of the health services of the City and County of Aberdeen came into operation in the middle of 1930 and, at the end of that year, Kincardineshire joined the amalgamation. This co-ordination of the health services persisted until 30th January, 1951, when it was dissolved at the request of Aberdeen County Council. The chief advantages of the Regional Scheme were that the admission of patients from adjacent Counties to the well-equipped and staffed General and Special Hospitals belonging to Aberdeen Corporation was expedited and that the appointment of Regional Medical Officers in Maternity and Child Welfare, Tuberculosis, Venereal Diseases, and School Health Services, made available over the whole area the services of senior and expert staff in these several branches of medicine. It is proper to state that the representatives of the County of Kincardine on the Regional Medical Services Committee urgently desired that this Regional Scheme should continue. The Department of Health for Scotland were also very averse to the dissolution of this service as they considered that it would act as a pattern for ideal health service schemes which might in future pervade Scotland. One of the main difficulties of the Regional Scheme was that each Local Authority had its own Public Health Committee and was responsible for its own financial commitments. Other difficulties

—not insurmountable—were that the Regional Medical Services Committee met only periodically, had no executive power, and acted merely in an advisory capacity. All the same, while it was in existence, the Regional Medical Services Scheme was certainly effective and harmony reigned between the three Local Authorities.

The next outstanding feature was the passing of the **National Health Service (Scotland) Act, 1947**. This Act came into operation on 5th July, 1948, and, on the same date, the National Assistance Act and the Children Act became operative. There is no doubt that the Health Act was one of the factors which led to the break-up of the Regional Medical Services Scheme because it took from Local Authorities the administration of hospitals—general, maternity, fever, and mental—of institutional treatment of tuberculosis and venereal diseases and of bacteriological services; these functions were automatically transferred to the North-Eastern Regional Hospital Board. The functions of the Local Authority in regard to health were thereafter mainly preventive in character. This breakdown of functions caused a considerable amount of discontent amongst many Local Authorities and their Medical Officers but, taking the broad view, it was a wise procedure because it was impossible for a Medical Officer of Health and his staff to carry out efficiently the control of several hospitals in his area and, at the same time, to devote an adequate portion of time to the prevention of disease and to the social betterment of the members of the community. In many quarters it is held that the National Health Service (Scotland) Act was introduced in too drastic a manner and that it should have been taken in phases, the first phase being the co-ordination of the hospitals, both voluntary and statutory, under Regional Hospital Boards, and the extension of insurance to the dependants of insured persons; the second phase, occurring at some subsequent period, would have been the extension of health insurance to non-insured persons. The detractors of the Act feel that, if it had been introduced in stages, advantage would have accrued to the medical practitioners, to the public, and to the Treasury. Nevertheless, in the past four years, the National Health Act has proved its worth and, once the machinery is in proper working order, there is no doubt that the health measures, provided dramatically as they were, will justify the expenditure incurred. At the same time, one must confess that, in some areas, the hospital, practitioner, and health services are still in semi-watertight compartments. It must be accepted that, however adequate the hospital service may be, however adequate the specialist service may be, the health organisation as a whole will fail to provide an effective service for the community until the general practitioner becomes an executive officer within the hospital and health services. I am firmly of opinion that the general practitioner should be re-established as the real family doctor, responsible for the prevention of disease and for its cure and that, for those purposes, he should be able to utilise to the full the whole machinery which Regional Hospital Boards and the Local Authorities provide. Here, perhaps more so than in most areas in Scotland, the Corporation have endeavoured to build up an integrated service by the appointment of Co-ordinating Committees. Many Local Authorities consider that such Co-ordinating Committees are valueless because they have no executive



power but with this outlook I strongly disagree. In the City, three Co-ordinating Committees have been established, viz.:—

- (a) *Joint Advisory Co-ordinating Committee on Health Services*.—This Committee comprises members of the Local Authority, the Executive Council, and the Regional Hospital Board. At the meetings, matters of common interest are discussed in detail.
- (b) *Joint Advisory Co-ordinating Committee on Welfare Services for Old People*.—This Committee consists of members of the Local Authority, the Regional Hospital Board, the Aberdeen Old People's Welfare Council, and the Old Age Pensioners' Association. The work of this Committee will prove to be of considerable importance and value, as its main endeavour is to prevent the overlapping of effort by statutory and voluntary organisations.
- (c) *Co-ordinating Committee to consider the problem of children neglected or ill-treated in their own homes*.—This Committee is composed entirely of officials, these being the Medical Officer of Health and Director of Welfare, the Children's Officer, the Director of Education, the Probation Officer, the Secretary of the Royal Scottish Society for the Prevention of Cruelty to Children, the Secretary of the Aberdeen Association of Social Service and of the Aberdeen City and County Society for the Prevention of Cruelty to Children, a representative from the National Assistance Board, and the Principal Psychologist in charge of the Child Guidance Clinic. The Committee meets periodically and deals with problem families and with social and housing difficulties. As so many different interests are involved, every endeavour is made to avoid duplication of effort.

In order to co-ordinate the welfare and health services, the Corporation instituted the Health and Welfare Committee and gave to the Medical Officer of Health the additional designation of Director of Welfare.

In this report I think it advisable to present certain statistical data which will give some indication as to the improvement in the health of the community during the past half-century. For purposes of comparison, I have chosen figures relating to the years 1900, 1930, and 1951, viz.:—

	1900.	1930.	1951.
Population . . . . .	150,906	159,006	183,248
1. General death-rate (per 1,000 of population) . . . . .	19.0	13.1	11.9 (12.9)
2. Infantile mortality (deaths under 1 year per 1,000 live births)	149	80	27 (37)
3. Tuberculosis death-rate (per 1,000 of population) . . . . .	2.3	0.7	0.2 (0.4)
4. Death-rate from principal epidemic diseases (per 1,000 of population)	2.0	0.4	0.08 (0.22)
5. Respiratory death-rate—other than tuberculosis (per 1,000 of population)	3.3	1.7	1.1 (1.1)
6. Mean age at death in years . . . . .	33	50.0	65.7

(Note.—Figures in brackets are the rates for Scotland in 1951.)

It is generally accepted that the infant death-rate and the tuberculosis death-rate are the truest indices of the health of a community and, from the above data, it will be seen that, in these two respects, Aberdeen is singularly fortunate. The infant mortality rate has fallen to 27, as compared with 46 in the case of Glasgow, and the tuberculosis death-rate has fallen in 50 years from 2·3 per thousand of the population to 0·2; the latter figure was approximately one-half of the rate pertaining in Scotland. Another striking feature in the figures given above is the prolongation of life that has occurred in the last 50 years; in 1900, the mean age at death in the City of Aberdeen was 33; in 1930, it was 50 years, and in 1951, 65·7 years. Many practitioners are of opinion that this prolongation is very largely due to the new methods of treatment and to drugs which have been introduced in recent years, but this explanation is only part of the story, because sulphanilamides, penicillin, and similar drugs were practically unknown in 1930 and, even then, the ageing of the population had become apparent.

This report deals with the activities of the Health and Welfare Department of the Corporation, excluding details relating to housing, factories, and offensive trades as these will appear in the Annual Report of the Chief Sanitary Inspector. There follows a synopsis of matters which are discussed in detail in the body of the report:—

POPULATION.

From the Census taken in April, 1951, the Registrar-General estimated the population of the City, as at the middle of the year, at 183,248. The Census revealed that the City is now the third most populous City in Scotland.

BIRTH-RATE.

The birth-rate for the year was 16·5 per thousand of population and is the lowest recorded since the termination of the war. In the period 1935 to 1939, the average birth-rate was 17·1. The lowest City birth-rate on record is that of 1945, when the rate was 15·5. In 1946, the birth-rate rose to 20·4 and to 22 in 1947; since the latter date, the rate has fallen each year. For all Scotland, the rate in 1951 was 17·7, which is also the lowest birth-rate since the war.

GENERAL  
DEATH-RATE.

The general death-rate in 1951 was 11·9 per thousand of population as compared with 12·1 in 1950 and 11·7 in 1949. For all Scotland, the general death-rate for these three years was 12·9 in 1951, 12·4 in 1950, and 12·3 in 1949.

The average age at death was 65·7 years, as compared with 64·9 years in 1950 and 64·1 years in 1949.

TUBERCULOSIS  
DEATH-RATE.

The death-rate from respiratory tuberculosis per thousand of population was 0·20 and, from other forms of tuberculosis, 0·03. These rates are similar to those which prevailed in 1950. As regards Scotland as a whole, the death-rate from respiratory tuberculosis in 1951 was 0·37 while the death-rate from other forms of tuberculosis was 0·06.

It has repeatedly been pointed out in Annual Reports that Aberdeen occupies a very notable position as regards the death-rate from tuberculosis. For several years past, the City's tuberculosis death-rate has been lower than that of any of the other three Cities in Scotland. Why is this so? Is this enviable position largely due to the fact that here in the North-East there is an adequate provision of hospital



beds for cases suffering from "open" or infectious tuberculosis? The two main institutions in the City in which beds are provided are Woodend Hospital and the City Hospital. In the surrounding region, however, there are several institutions in which tuberculous patients are accommodated, *e.g.*, Strichen, Inverurie, Aboyne, Stonehaven, and Stracathro. In addition to these hospitals, which are under the control of the North-Eastern Regional Hospital Board, there are two very valuable institutions controlled by the British Red Cross Society, namely, Glen o' Dee Sanatorium, Banchory, set aside for service and ex-service men, and Tor-na-Dee Sanatorium, Murtle, for doctors, nurses, medical students, and service and ex-service officers. In most areas it has been found that, where institutions are set aside for the sole purpose of accommodating tuberculous cases, there is great difficulty in the recruitment of nurses but, in this area, the lack of nurses has not been markedly acute. The low morbidity and mortality rates have undoubtedly been influenced to a considerable degree by the generous and far-sighted policy adopted by the Corporation, who have allocated each year the tenancy of new Council houses to families in which one of the members suffers from "open" tuberculosis and where, in their present accommodation, adequate segregation is found to be impossible. I should again like to stress that, in this connection, a balanced view should be taken so that other applicants for better housing conditions, suffering from diseases which are equally grave and killing as tuberculosis, should not be excluded from the opportunity of living hygienic lives by transference to Council houses.

The infant mortality rate means the number of deaths of children under one year per thousand live births. In 1951, this rate was 27, **the lowest yet recorded in the City of Aberdeen**. In 1951, the rate for the whole of Scotland was 37, which also constituted the lowest recorded Scottish rate.

INFANT  
MORTALITY.

In 1950, there was only one maternal death and the maternal mortality rate in that year was 0.3. In 1951, however, there were four maternal deaths from causes related to pregnancy and childbirth and this brought the maternal mortality rate up to the relatively high figure of 1.3. The maternal mortality rate for the whole of Scotland in 1951 was 1.1.

MATERNAL  
MORTALITY.

The death-rate from infectious disease was 0.08 per thousand of population, as compared with 0.09 in 1950.

INFECTIOUS  
DISEASES.

As regards diphtheria, the excellent record which was established in 1946, when there was not a single death from diphtheria in Aberdeen, was maintained in the three subsequent years 1947, 1948, and 1949. Unfortunately, the record was interrupted in 1950 by the occurrence of one death in a child aged one year; this child had not been immunised against the disease. In the year under review it is pleasing to record that **there were no cases of diphtheria**. It should never be claimed that diphtheria immunisation absolutely prevents diphtheria. What can be guaranteed by immunisation is that, if a person is fully immunised against diphtheria and is subsequently attacked by the disease, the illness will be mild in character and disturbing sequelæ will be absent. Acknowledgment must again be made of the excellent intensive immunisation work which is being conducted amongst

both pre-school and school children by the Corporation's medical officers and by general practitioners in the City. In the decennium 1941-1950, the annual average number of deaths from diphtheria was 5.

Whooping cough became compulsorily notifiable throughout Scotland on 1st January, 1950, and, in 1951, 551 cases of whooping cough were notified. Unfortunately, there were three deaths, all occurring in children under one year. Prior to its being made compulsorily notifiable, our knowledge of the incidence of whooping cough was not complete, voluntary notifications being obtained from attendance officers, teachers, school medical officers, and sometimes from general practitioners. Neither in 1949 nor in 1950 was there any death from whooping cough. It cannot yet be claimed that the excellent results which have been obtained in connection with the immunisation against diphtheria can yet be secured by immunisation methods against whooping cough. At the same time, whooping cough is a very grave disease in young children, and it is advised that mothers should take advantage of the protective facilities offered by the general practitioners and by the Corporation's medical officers at the several Child Welfare Clinics throughout the City.

Under the Public Health (Infectious Disease) (Scotland) Amendment Regulation, 1951, leprosy became a compulsorily notifiable disease as from 1st September, 1951. During the year, no notifications of this disease were received by the Health and Welfare Department.

From the statistics presented in this Report, it is evident that, so far as infectious diseases are concerned, the health of the City of Aberdeen is being maintained.

The School Health Service is dealt with in a special section of the Report. As the school year ends on 31st July, the statistics under this heading do not cover the same period as the remainder of this report.

In my report for the year 1948, a detailed description was given of the various "Proposals for the Discharge of Functions" relating to the duties of Local Health Authorities under the National Health Service (Scotland) Act, 1947. The matters dealt with under these proposals comprise the Care of Mothers and Young Children; Midwifery; Health Visiting; Home Nursing; Vaccination and Immunisation; Prevention of Illness, Care and After-care (relating chiefly to tuberculosis); Domestic Help Service and Mental Health Services.

In regard to the **Care of Mothers and Young Children**, the child welfare clinic services were extended in 1949 so that four of the Centres were kept open during the day, a health visitor being in attendance in each. This led to the inauguration of the appointment system which has now been in operation for two years and which has proved to be of such advantage both to the mothers and to the medical staff that it is proposed to extend the system gradually to other clinic centres. At these clinics a weekly session is devoted to health education, when instruction is given to the expectant mother, to the mother of the young baby and to the mother of the growing child. Health education, as conducted at these clinics, has proved most successful.

SCHOOL  
HEALTH  
SERVICE.

NATIONAL  
HEALTH  
SERVICE ACT.

The centre of the City is reasonably well provided as regards the number of premises but the same cannot be said of the outlying areas. At a meeting of the Health and Welfare Committee, held on 12th December, 1950, the provision of a Mobile Health Clinic for maternity and child welfare services in the new housing areas came up for discussion and I was instructed to submit a detailed report on the matter. This report was considered at the meeting of the Committee, held in February, 1951, when it was unanimously decided to recommend to the Council that a Mobile Clinic should be purchased at a total estimated cost of £3,050. The Town Council subsequently gave their approval. On account of the complicated character of the clinic, it was decided to have it built by Coventry Steel Caravans Limited—a firm which was known to have had experience in building and equipping such units—at a cost of £1,900. A towing van was to be provided at a cost not exceeding £900. In addition, equipment would cost approximately £250. Delivery of the unit was promised in November, 1951, but, owing to shortage of steel, it did not arrive in the City till 28th June, 1952. In the meantime, the total cost had risen to £3,371. This is the first Mobile Health Clinic to be introduced into Scotland and is, indeed, one of the very few in operation in Britain as a whole. A medical officer has been attached to the clinic which visits new housing areas weekly, the medical examination room in the nearest school being used as a waiting room, with the exception of Northfield, where the Northfield Church Hall has been granted for the purpose. Holburn area has been without a clinic for the past two years, and, to meet this need, the Mobile Clinic is stationed one forenoon per week in the Hardgate at the rear of Holburn Street Primary School, the medical examination room of this school being used as a waiting room for mothers and children. This Mobile Clinic should not be regarded as a permanent method of providing Child Welfare Services but it will fulfil a fairly long-term policy in these new housing areas until such time as conditions allow for the provision of traditional buildings for this specific purpose.

The Medical Officer for Maternity and Child Welfare and her medical staff continue to hold honorary appointments in the Royal Aberdeen Hospital for Sick Children.

During the year under review, the owners of the building in which the Day Nursery at Linksfield Place was held, gave notice terminating the Council's tenancy of the premises as at 15th August. By arrangement with the Education Committee, certain accommodation was provided in Linksfield School and the Nursery was transferred there on 16th August, 1951. As the use of Linksfield School was granted only for a limited period, the Corporation decided to erect a new nursery in this area and at the end of the year negotiations were proceeding for the acquisition of the necessary ground.

In 1951, the number of **Midwives** was 11, 8 of whom were employed by the Corporation and 3 by the Board of Management for the Aberdeen Special Hospitals. The present trend continues to be towards institutional confinement and the number of domiciliary confinements is steadily diminishing, so much so that the pupil



midwives have difficulty in attending for training purposes a sufficiency of cases within the City of Aberdeen.

At the end of 1951, the Corporation had in their employment 47 **Health Visitors** under the executive control of the Superintending Nursing Officer. Aberdeen is more favourably placed than many other areas so far as the recruitment of health visitors is concerned and this is chiefly due to the fact that a Training School was inaugurated in March, 1948, under the auspices of the Corporation. Since the School was opened, five groups, of approximately 21 students each, have been trained in Aberdeen and all have successfully passed the examination for the Health Visitor's Certificate. The primary reason for establishing the School for Health Visitors was to fit qualified nurses to undertake the additional preventive duties which have been placed on local health authorities under the National Health Act. It is an unfortunate fact that the functions and duties of health visitors are not fully understood or appreciated. It must be realised that, in dealing with members of the community, the curative and the preventive aspect must go forward side by side; the former is the function of the district nurse and the latter that of the health visitor; both are equally important.

The **Home Nursing Service** is provided by the Aberdeen District Nursing Association, who undertake the domiciliary nursing service on behalf of the Corporation and whose financial commitments are met by the Corporation. This arrangement, which in the first instance was for a preliminary period of three years, has been extended on a year-to-year basis subject to twelve months' written notice of termination on either side. The Corporation have been insistent that the District Nursing Association should provide a night nursing service for the sick of Aberdeen and the Association agreed to institute the service as from 15th January, 1952.

#### **Vaccination against Smallpox and Immunisation against Diphtheria.—**

Vaccination against smallpox is carried out by general medical practitioners and by the Corporation's medical staff at special sessions held at the Child Welfare Clinics. The general practitioners do not receive separate payment for the administration of the prophylactic but they do receive from the Local Authority payment in respect of each completed record card sent to the Health and Welfare Department. In 1951, the records received from practitioners showed that 1,567 children had been successfully vaccinated. At the Child Welfare Clinics, 675 children were vaccinated. The percentage of children vaccinated in 1951 was almost equal to that of the immediate post-war years when vaccination was compulsory except as regards "conscientious objectors".

The scheme for the immunisation of children of pre-school and school ages against diphtheria has been most satisfactory. The percentage of consents is most gratifying, being approximately 95 per cent. in the case of school children. This state of affairs might tend to engender complacency, which must be avoided at all costs. The practitioners are paid a fee approved by the Secretary of State for completed record cards submitted to the Medical Officer of Health.

Immunisation against whooping cough is also performed at the Child Welfare Clinics. The Corporation have not invited general medical practitioners to participate in any arrangements for immunisation against whooping cough, but will probably do so when a vaccine, recognised by the Department of Health as being thoroughly efficacious, has been made available.

Another function placed on the local authority is the **Prevention of Illness, Care and After-care**. This relates chiefly to tuberculosis, mental illness, venereal disease and malignant disease. The Corporation continue to be responsible for the prevention of the spread of tuberculosis in the home.

Special allowances continue to be made by the National Assistance Board to certain cases suffering from respiratory tuberculosis, the allowance being granted if the recipient is likely to be able again to engage in remunerative employment within a reasonable period of time. In the past, these allowances were distributed by local authorities.

Certain cases suffering from tuberculosis receive milk at the expense of the local authority. Where necessary, beds and bedding are provided on loan by the local authority.

A permissive duty devolving on local authorities is the provision of **Domestic Helps**. Most local authorities in Scotland, recognising the value of domestic helps, have introduced such a service. At the end of the year, the Corporation had in their employment 35 full-time and 27 part-time domestic helps. During the year the Corporation decided to increase the establishment to 80, and the approval of the Secretary of State has now been obtained to the ultimate number to be employed being increased to 200.

These domestic helps are sent to homes where illness exists or where a mother is being confined at home or has returned from hospital after confinement. In maternity cases, the services of domestic helps have proved most valuable; for example, after a woman has been confined in hospital and returns home, it is customary to introduce into the home a domestic help for a period of, say, two weeks until the mother is completely restored to health and is able to undertake her household duties. The provision of domestic helps for old people and, in certain circumstances, for tuberculous families has been in operation for a portion of the year and, at the close of the year, just over 100 old people were receiving the service on two or three mornings per week, according to their requirements. In eleven households, where one of the members was suffering from tuberculosis, domestic helps were provided.

The introduction of the Health Act deprived the local authority of many duties that it used to have in relation to **Mental Health**. For example, the Corporation have now no responsibility for the residential accommodation of those who are mentally ill, but certain duties still devolve on them, and these are performed chiefly through the agency of whole-time Authorised Officers. These Authorised Officers are required to make arrangements for the detention of persons of unsound mind who have no friends willing or able to look after them. When it is proposed to discharge insane patients from a mental hospital, the Authorised Officers have to



ensure that satisfactory arrangements have been made for the welfare of the patients when they return home.

#### WELFARE SERVICES.

At present, the Corporation own two homes for old people. To Balnagask Home, a few patients were admitted on 2nd December, 1950. This Home, situated amidst beautiful surroundings, was soon filled to its full complement of 22 residents, most of whom were transferred from Woodend Home, now known as the Glenburn Wing of Woodend Hospital. In addition to the 22 beds mentioned above, there are two isolation rooms to which any of the residents who fall ill and who require special attention may be removed. These two beds, however, cannot be regarded as hospital beds; they are used for sick persons who only receive attention equivalent to that which they would get if resident in their own homes; if the illness continues longer than a few days or if hospital treatment is considered necessary by the medical attendant, the responsibility for treatment then falls on the North-Eastern Regional Hospital Board. No difficulty has been experienced in transferring cases requiring institutional treatment to Woodend Hospital or to the Aberdeen Royal Infirmary.

The other Old People's Home is a dwelling-house at No. 3, Ferryhill Place. After reconstruction of the premises, residents were admitted, again the majority being transferred from Woodend Home. The total accommodation is 12, and experience has shown that a unit of this size is too small to be economic.

In the Glenburn Wing of Woodend Hospital there are approximately 35 persons, for whom the Corporation are responsible, and who could not be accommodated in Old People's Homes. They require to be housed in an institution where a considerable degree of supervision is provided. Two alternatives present themselves to the Corporation, namely, to build an institution capable of accommodating 35 persons, or to acquire an institution or existing premises in the neighbourhood of Aberdeen. From an economic standpoint, I consider that the erection of a new building is meantime out of the question, and that the Corporation should make every endeavour to house these persons—whose social qualities render them unsuitable for admission to ordinary Old People's Homes—in existing premises in or near the City. In such premises, little difficulty would be experienced in obtaining an adequate number of staff.

#### ACKNOWLEDGMENTS.

I wish to record my appreciation of the interest, consideration and courtesy extended to me by the members of the Health and Welfare Committee and by the Council during the year under review and throughout previous years. To the staff of the Health and Welfare Department, I tender my appreciative thanks for their loyal support and devotion to duty at all times. It also gives me pleasure to mention the harmonious co-operation that has existed between the Health and Welfare Department and all other Departments of the Corporation.

HARRY J. RAE,  
*Medical Officer of Health.*

HEALTH AND WELFARE DEPARTMENT,  
WILLOWBANK HOUSE,  
WILLOWBANK ROAD,  
ABERDEEN, 16th August, 1952.

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# CITY OF ABERDEEN.

## REPORT BY THE MEDICAL OFFICER OF HEALTH

*For the year 1951.*

### A.—LOCAL HEALTH AUTHORITY FUNCTIONS.

#### 1.—CARE OF MOTHERS AND YOUNG CHILDREN.

##### Maternal Mortality.

In the Preliminary Return for 1951, the Registrar-General states that in Scotland 98 women died from causes peculiar to pregnancy and childbirth, as compared with 106 in 1950, and that deaths from puerperal sepsis numbered 27 in Aberdeen in 1951, as against 23 in 1950.

In Aberdeen, in 1951, there were 4 deaths from causes related to pregnancy and childbirth, including one from puerperal sepsis. In 1950, there was only one death, the cause of death being post-partum hæmorrhage. In 1951, the age-grouping of the fatal cases was as follows:—

20-25 years	.	.	.	.	1 death
25-30 years	.	.	.	.	1 „
30-35 years	.	.	.	.	1 „
35-40 years	.	.	.	.	1 „

As regards death-rates from diseases peculiar to pregnancy and childbirth, Aberdeen had a rate of 1·3 in 1951, as compared with a rate of 1·1 for all Scotland. In the quinquennium 1946-1950, the average rate for all Scotland was 1·6; in Aberdeen it was 0·8.

The following table gives the comparison between Aberdeen and all Scotland:—

Per 1,000 live and still births

Year	Maternal Mortality Rate		Puerperal Sepsis		Other Puerperal Conditions	
	Scotland	Aberdeen	Scotland	Aberdeen	Scotland	Aberdeen
1951	1·1	1·3	0·3	0·3	0·8	1·0
1950	1·1	0·3	0·2	0·0	0·9	0·3
1949	1·3	0·9	0·24	0·3	1·01	0·6
1948	1·5	1·1	0·29	0·0	1·25	1·1
1947	2·0	1·2	0·3	0·24	1·7	0·95
1946	2·2	0·5	0·5	0·25	1·7	0·25
Average 1946-1950	1·6	0·8	0·3	0·2	1·3	0·6

### Puerperal Fever and Puerperal Pyrexia.

In the following table are given particulars relating to the number of cases notified during the year as suffering from puerperal fever and puerperal pyrexia:—

	Puerperal Fever.	Puerperal Pyrexia.
No. of cases notified . . . . .	13	10
No. of deaths . . . . .	1	—
No. receiving Institutional Treatment in—		
City Hospital . . . . .	12	9
Other Institutions . . . . .	1	—
No. retained at home . . . . .	—	1
No. of cases following abortion . . . . .	12	—

### Infant Mortality.

During 1951 there were 82 deaths among children under one year of age, as compared with an average of 147 deaths during the 1946-1950 quinquennium. The infant mortality rate, expressed as the number of deaths per 1,000 live births, was 27 during 1951, as compared with 29 in 1950 and with 40 in the preceding quinquennium. *This rate of 27 is the lowest yet recorded in the City of Aberdeen.*

*Comparison with other Cities.*—The infant mortality rate throughout Scotland was 37—the lowest mortality rate yet recorded in the country as a whole. Among the four principal cities in Scotland, Aberdeen and Edinburgh were lowest, each with a rate of 27.

The infant mortality rates for all Scotland and for the four principal cities for 1951 and 1950 are given below:—

	Year 1951.	Year 1950.
All Scotland . . . . .	37	39
Glasgow . . . . .	46	44
Edinburgh . . . . .	27	29
Dundee . . . . .	41	50
<b>Aberdeen . . . . .</b>	<b>27</b>	<b>29</b>

The accompanying chart shows the infant mortality rate in Aberdeen, as compared with the other three cities and with all Scotland since 1856.

*Distribution of Infant Deaths according to Wards of City.*—The infant mortality rate in the various wards of the City is shown in Table I at the end of this section of the Report.

*Causes of Death.*—Table II gives the actual number of deaths of children at various age-periods, whilst Table III shows the death-rates.

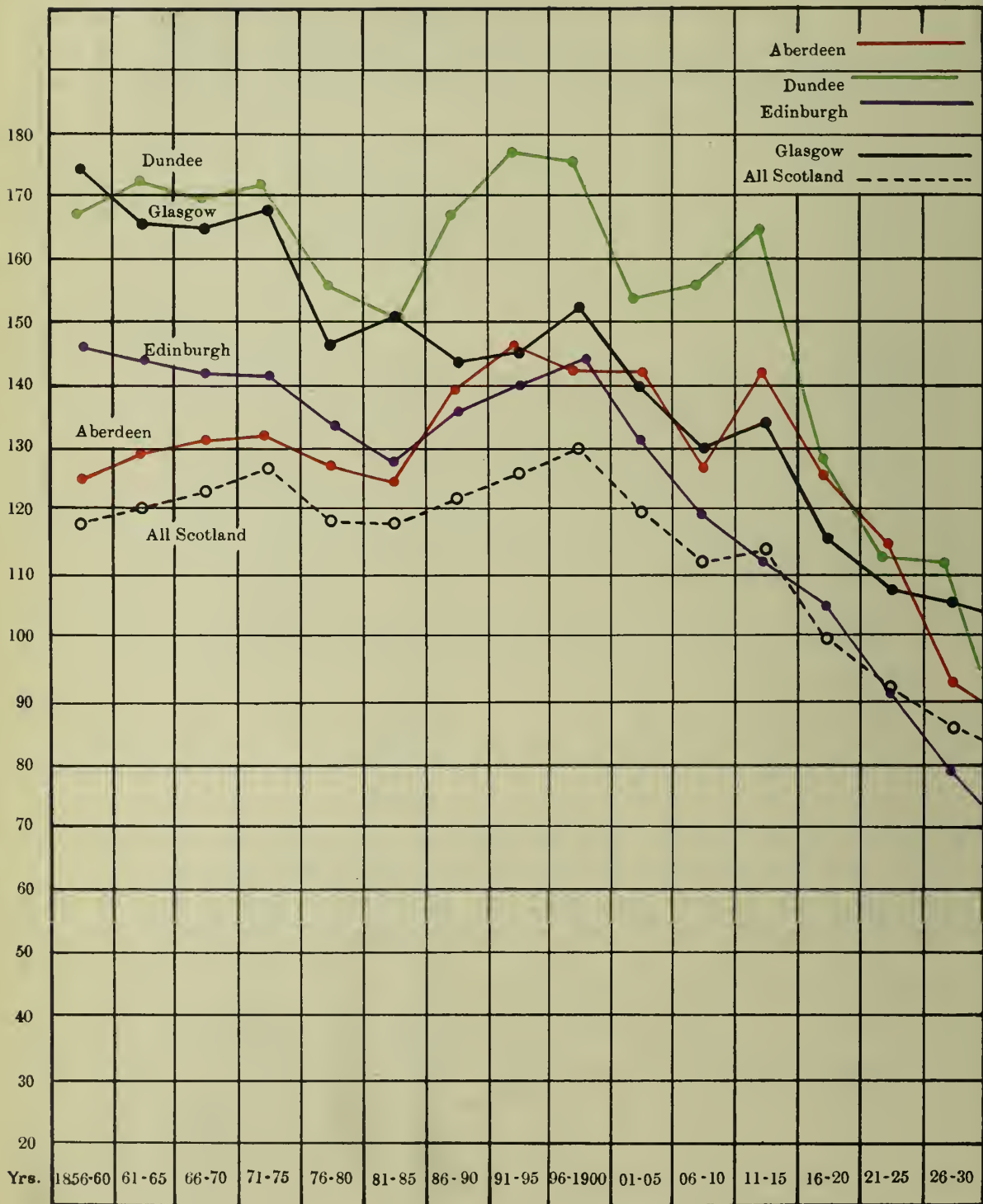
There follows an analysis, based on the recent international classification of causes of death, which gives the death-rates from various causes during the past three years:—





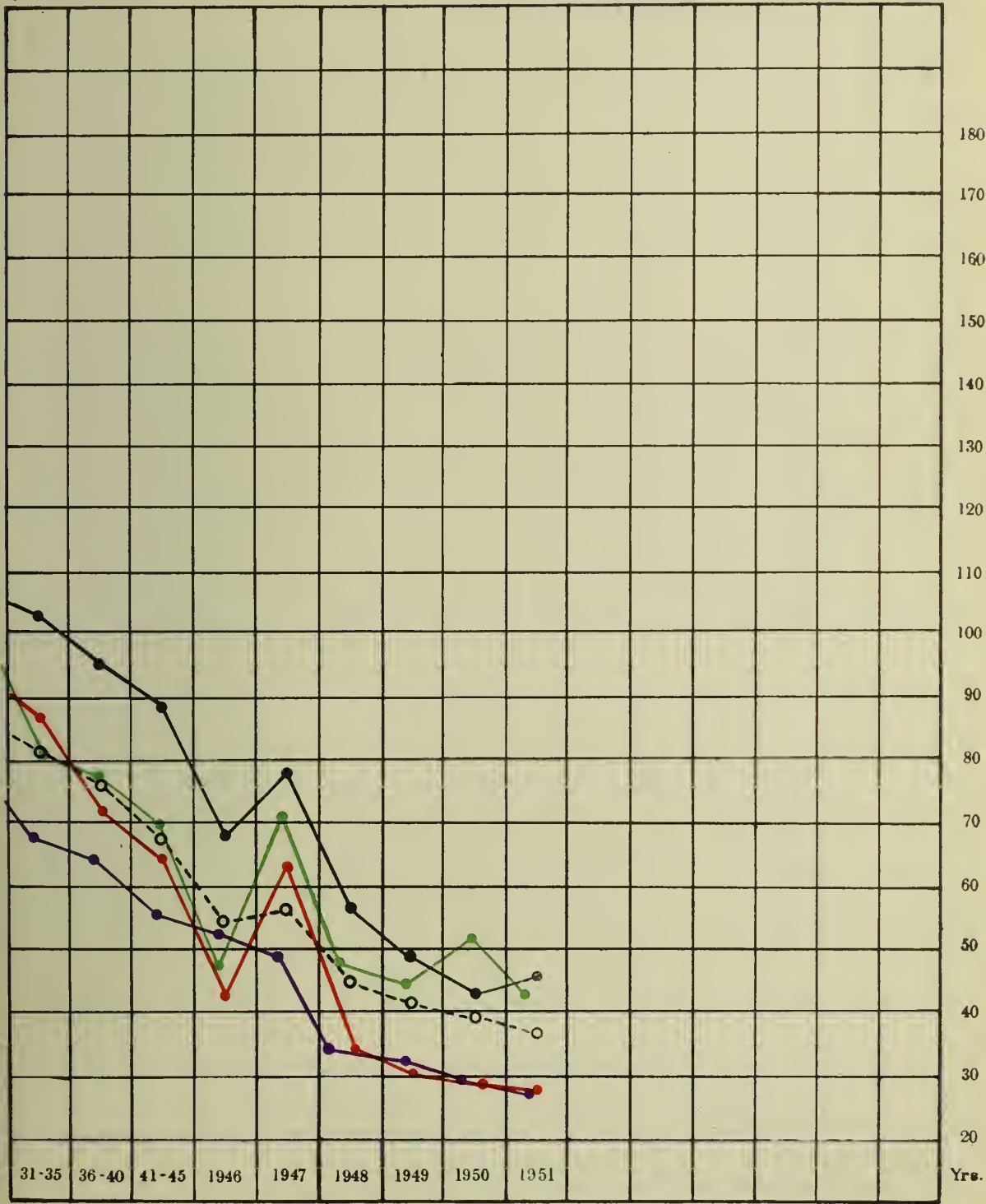
# INFANT MORTALITY RATE, 1856-1951—

Deaths under 1 year



-QUINQUENNIAL AVERAGES. 1856-1945.

per 1,000 Births.





	Death Rates per 1,000 Live Births.		
	1951.	1950.	1949.
Congenital malformations . . . . .	4	5	5
Immaturity . . . . .	6	5	4
Atelectasis . . . . .	5	4	5
Birth Injuries . . . . .	2	2	1
Diarrhoea and Enteritis . . . . .	0·3	0·3	3
Pneumonia and Bronchitis . . . . .	6	6	7
Common zymotic diseases . . . . .	1	0·3	1
Tuberculosis . . . . .	0	0	0·3
Overlaying and other accidents . . . . .	2	2	1
Other causes . . . . .	1	4	3
	27	29	30

As will be seen from above summary, deaths from congenital malformations and from diseases of early infancy accounted for about two-thirds of the death-rate in 1951. The death-rate from diarrhoea and enteritis was the same as in the previous year and this rate showed a considerable decrease as compared with 1949. The death-rate from pneumonia and bronchitis was 6, being the same as in the previous year; the rate in 1949 was 7. In 1951, deaths from whooping cough were responsible for raising the 1950 death-rate from the common zymotic diseases from 0·3 to 1.

*Neo-Natal Deaths.*—In 1951 the number of neo-natal deaths, *i.e.*, deaths of infants under one month, was 55, as compared with 76 in the preceding quinquennium. The neo-natal death-rate in 1951 was 18 per 1,000 live births, as compared with 22 for all Scotland. The neo-natal death-rates for all Scotland and for the four cities are as follows:—

	Neo-Natal Death Rate.	
	1951.	1950.
All Scotland . . . . .	22	23
Glasgow . . . . .	25	25
Edinburgh . . . . .	17	18
Dundee . . . . .	25	29
<b>Aberdeen</b> . . . . .	<b>18</b>	<b>17</b>

*Still-Births.*—In 1951, there were 66 still-births. This constitutes a still-birth rate of 21 per 1,000 live and still-births. Corresponding data for Scotland and for the other cities for the years 1951 and 1950 are as follows:—

	Still-Birth Rate.	
	1951.	1950.
All Scotland . . . . .	27	27
Glasgow . . . . .	28	29
Edinburgh . . . . .	27	24
Dundee . . . . .	25	31
<b>Aberdeen</b> . . . . .	<b>21</b>	<b>22</b>

Thus, Aberdeen continues to have the lowest still-birth rate.

Of the 66 still-births occurring in the City, 26 were males and 40 females. On investigation, it was ascertained that 24 or 36 per cent. were primipara pregnancies,



15 or 23 per cent. were second pregnancies, and the remaining 27 or 41 per cent. were subsequent pregnancies.

The following summary relating to the age of the mothers is submitted:—

	TOTAL	AGE OF MOTHER					
		Under 20 years	20-24	25-29	30-34	35-39	40+
1st Pregnancy . . . .	24	4	10	8	1	1	—
2nd Pregnancy . . . .	15	1	2	6	3	2	1
Subsequent Pregnancies . . . .	27	—	4	9	4	6	4
TOTAL . . . .	66	5	16	23	8	9	5

Inquiry was also made with regard to the causes of the still-births, and these are summarised below in accordance with the International Statistical Classification of Causes of Still-birth.

*Chronic disease in mother.*

Syphilis . . . . . 1

*Diseases and conditions of pregnancy and childbirth*

Accidental hæmorrhage . . . . . 10

Pre-eclamptic toxæmia . . . . . 10

— 20

Birth Trauma . . . . . 12

Congenital malformation of fœtus . . . . . 12

*Placental and cord conditions.*

Prolapsed cord . . . . . 3

Placenta prævia . . . . . 1

— 4

*Diseases of fœtus and ill-defined causes.*

Erythroblastosis . . . . . 1

Prematurity—cause unknown . . . . . 11

Full-term—cause unknown . . . . . 5

— 17

—

66

==

**Mortality in Pre-School Period (1-5 years).**

The number of deaths of children between the ages of one and five years is given below as also are the deaths in the previous quinquennium:—

		1951.	Average 1946-1950.
1 and under 2 years . . . .		4	9
2 „ 3 „ . . . .		4	5
3 „ 4 „ . . . .		3	4
4 „ 5 „ . . . .		5	2
		—	—
		16	20
		==	==

In 1951, 16 deaths occurred among children aged between one and five years, as compared with 20 in the quinquennium 1946-1950. Of the 16 deaths, 2 were due to accidents—one a severe burning accident and the other a motor vehicle accident. In the previous year, there were 9 deaths at this age-period due to accidents, including 6 due to motor vehicle accidents. There were no deaths from ordinary zymotic diseases. One death occurred from tuberculous meningitis as compared with an average of 2 in the preceding quinquennium.

### **Ante-Natal and Post-Natal Clinics.**

Ante-natal Clinics were held at three Child Welfare Centres in the City—Castle Terrace, Hilton and Torry. Medical supervision was provided for women for whom institutional confinement had been arranged. All women who expect to be confined at home and who have not placed themselves under the care of general practitioners are advised by the municipal midwives to attend these clinics.

In addition to the specialist clinics conducted at the Aberdeen Maternity Hospital, Post-natal Clinics have been instituted at the Castle Terrace, Hilton and Torry Centres.

The number of women who attended during the year was 3,058 at the Ante-natal Clinics and 1,674 at the Post-natal. Attendances at the Ante-natal Clinics numbered 19,658, and, at the Post-natal Clinics, 1,771.

### **Child Welfare Centres.**

There are four Child Welfare Centres, viz.:—Castlegate, Charlotte Street, Hilton and Torry which are open daily from 9 a.m. to 5 p.m. and have health visitors in attendance. To these centres mothers may come at any time for advice. Sessions are held for vaccination against smallpox, for immunisation against diphtheria and whooping cough, and for baby weighing. Special morning sessions are reserved for giving advice to mothers on infant feeding. Medical examinations are carried out for the most part by appointment. Ultra-violet light Clinics are held at Hilton and Charlotte Street Centres, and at these clinics debilitated children receive artificial sunlight treatment.

In addition, weekly clinics are held at five other centres, viz.:—St. Machar's Church Hall, Old Aberdeen; Powis Community Centre; Holburn Street Church Hall; the Lads' Club, Gallowgate; and Beechgrove Church Hall. Unfortunately, the Corporation's tenancy of the premises used for the Holburn Clinic was terminated at the end of 1950. As an alternative arrangement, a special clinic was conducted at the Castlegate Centre.

At Hayton, a clinic was conducted twice weekly. At Ruthrieston, a clinic was held on alternate weeks but at the end of the year arrangements were completed for the clinic to be held weekly as from the beginning of 1952.

The extent of the work performed at the eleven centres during 1951 is summarised hereunder:—

- (i) Number of clinics provided by the Corporation as at end of year—11.
- (ii) Total number of children under 5 years of age who first attended at the clinics during the year—
  - (a) Under 1 year of age—1,819.
  - (b) Over 1 year of age—610.
- (iii) Total number of attendances made by children during the year—
  - (a) Under 1 year of age—27,965.
  - (b) Over 1 year of age—8,776.

### Dental Care.

The importance of the dental care of expectant and nursing mothers and of pre-school children cannot be over-estimated. The following figures are interesting, but it must be stated that the dental attention to these members of the community is totally inadequate; the fault does not lie at the door of the Corporation; it is entirely due to the inability to obtain the services of dental officers.

	Mothers.	Pre-School Children.
(i) Number inspected by dental officers . . . . .	—	82
(ii) Number requiring treatment . . . . .	—	82
(iii) Number accepting treatment . . . . .	—	56
(iv) Number actually treated by dental officers . . . . .	—	62

Pre-school children are referred by medical officers attached to the Maternity and Child Welfare Department to the School Dental Clinic, North Silver Street, Aberdeen. The Chief Dental Officer sends for the patients with as little delay as possible and it is usual that the delay is only a matter of a few days. At the beginning of the year there were only two dental officers but in the course of the year an additional dental officer was engaged. When it is realised that the establishment for dental officers is 7 it will be appreciated that, when the dental complement is 3, only a limited amount of time can be allocated to this work.

### Mother and Baby Home.

The Mother and Baby Home at Richmondhill House, King's Gate, is conducted by a voluntary association. There is accommodation for 10 expectant mothers and 10 post-natal cases. There are also 12 cots. The Corporation make a payment of 35s. per week towards the maintenance of each woman whom they send to the Home.

### Salvation Army.

Arrangements have been made whereby certain expectant unmarried mothers are sent by the Corporation to the Salvation Army Homes in Dundee and Glasgow. The women are admitted six weeks before the expected date of confinement and are retained in these Homes for a period of four months subsequent to confinement. The Corporation make a monetary contribution in respect of each woman sent by them to these Homes.

### Day Nurseries.

Four Day Nurseries have been provided by the Corporation and these have been accepted for training purposes. Details at to site, accommodation and attendances are as follows:—

Name of Nursery	Number of approved places		Number of Children on register at end of year		Average daily attendances during year		Waiting Lists at end of year	
	0—2 years	2—5 years						
			0-2	2-5	0-2	2-5	0-2	2-5
Charlotte Street Nursery ... ..	30	30	23	33	22	25	} 268	
Torry Nursery ... ..	15	25	14	27	13	20		
Linksfild Nursery ... ..	—	30	—	26	7	17		
View Terrace Nursery ... ..	20	24	18	26	13	20		

### Residential Nurseries.

There are two Residential Nurseries provided by the Corporation—one at Thorngrove Home, Great Western Road, which has 21 places, and the other at Pitfodels, which has accommodation for 50 children. At the end of the year, Pitfodels was in process of extension and when completed there will be accommodation for 92 children.

### Care of Premature Babies.

The Babies' Nursery at the Maternity Hospital was opened in 1940, and, since that date, it has performed a most useful function. It has given feeble, premature infants the best chance of survival. In the nursery there are 30 cots for infants born before the normal date of gestation or born in difficult conditions in the wards of the hospital.

### Births.

The registered births are detailed in the Statistical Commentary of this Report. The particulars regarding the births occurring in the City during 1951 are given in Section A II which deals with Midwifery.

The tables relating to births, still-births, and infant mortality are submitted herewith:—

TABLE I.—INFANTILE MORTALITY IN WARDS OF THE CITY.

YEAR	Whole City.	Ward of City.											
		Wood- side.	St. Maclaur.	St. Clement's.	Grey- friars.	St. Nicholas.	Gilcom- ston.	Rose- mount.	Rubis- law.	Ruthrie- ston.	Hol- burn.	Ferry- hill.	Torry.
1951 .	Infant Mortality Rate	27	35	26	29	20	31	31	22	28	—	21	35
Average 1946-50	do.	40	39	46	53	48	36	42	24	32	35	37	47
1951 .	Number of Births	3028	608	467	272	255	127	129	180	108	145	189	316
Average 1946-50	do.	3603	652	604	301	345	159	182	169	178	191	188	396
1951 .	Number of Deaths under 1 year.	82	21	12	8	5	4	4	4	3	—	4	11
Average 1946-50	do.	147	24	28	16	15	7	8	5	6	7	7	18
1951 .	Causes of Death— Infectious Diseases	3	1	—	—	—	—	1	—	—	—	—	1
Average 1946-50	do.	3	1	0.4	—	0.4	0.2	0.2	0.2	—	—	0.2	0.4
1951 .	Tuberculosis	0	—	—	—	—	—	—	—	—	—	—	—
Average 1946-50	do.	1	0.2	0.2	0.2	—	—	—	—	—	—	0.2	—
1951 .	Diseases of Early Infancy	54	14	10	5	2	3	3	1	3	—	3	7
Average 1946-50	do.	74	13	13	6	7	3	4	3	4	3	5	9
1951 .	Pneumonia, Bron- chitis, etc.	17	5	—	2	3	1	—	3	—	—	1	2
Average 1946-50	do.	27	4	5	3	4	2	1	1	1	1	0.4	4
1951 .	Diarrhoea and Enteritis	1	—	—	—	—	—	—	—	—	—	—	—
Average 1946-50	do.	30	4	7	6	3	1	2	0.2	0.6	2	0.6	3
1951 .	Other Causes	7	1	2	1	—	—	—	—	—	—	—	1
Average 1946-50	do.	12	2	2	1	1	1	1	0.2	0.4	1	0.6	1

1951. —Of above 82 deaths, 6 — 7 per cent. — were illegitimate children. The numbers are denoted in brackets.  
 Average. 1946-50—Of above 147 deaths, 16 — 11 per cent. — do. do. do.



TABLE II.—CAUSES OF DEATH AMONG CHILDREN UNDER FIVE YEARS OF AGE.  
Year 1951.

CAUSES OF DEATH	AGE																	Average for preceding 5 years (1946-50)	
	FIRST YEAR										SECOND TO FIFTH YEARS								
	First Four Weeks				First Three Months			The Four Quarters			SECOND TO FIFTH YEARS								
	0-1	-2	-3	-4	0-1	-2	-3	0-3	-6	-9	-12	Total	-2	-3	-4	-5	Total		
Tuberculosis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	0.6	
{ Respiratory	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	
{ Other Forms	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	0.2	
Cerebro-spinal Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	0.2	
Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	0.2	
Dysentery	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	0.2	
Measles	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	0.2	
Polionyelitis, Acute	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	0.6	
Scarlet Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	0.6	
Whooping Cough	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	
Other Infective and Parasitic Diseases	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	0.2	
Pneumonia	2	...	...	2	4	...	3	7	6	2	...	15	2	1	...	...	...	0.6	
Bronchitis	...	...	...	...	...	...	...	...	...	...	...	2	2	...	...	...	...	1	
Diarrhoea and Enteritis	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	1	
Other Digestive Diseases	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	1	
Congenital Malformations	6	1	1	1	9	...	1	9	1	1	...	11	...	...	...	...	...	0.6	
Injury at Birth	5	...	...	1	6	...	...	6	1	...	...	7	...	...	...	...	...	1	
Post-natal Asphyxia and Atelectasis	12	2	...	...	14	...	...	14	...	...	...	14	...	...	...	...	...	3	
Other Infections of Newborn	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	0.6	
Other Diseases of Early Infancy	...	1	...	1	1	...	...	2	...	...	...	1	...	...	...	...	...	1	
Immaturity	19	...	...	...	19	...	...	19	...	...	...	19	...	...	...	...	...	5	
Suffocation	...	...	...	...	...	...	...	1	3	1	...	5	...	...	...	...	...	0.2	
Other Accidents	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	6	
Other Causes	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	
ALL CAUSES	45	4	1	5	55	1	6	62	12	6	2	82	4	4	3	5	16	147	20
Average for preceding 5 years, 1946-1950	60	6	3	5	76	15	13	104	28	10	5	147	9	5	4	2	20	...	...

\* This column includes all deaths in preceding columns.

TABLE III.—ABERDEEN—BIRTHS, STILL-BIRTHS, INFANT MORTALITY.  
YEARS 1941-1951.

YEAR.	Deaths-rates from all Causes per 1,000 Live Births.										Deaths-rates among Infants under 1 Year of Age from Various Causes per 1,000 Live Births.															
	No. of Live Births.	Live Births per 1,000 of Population.	Illegitimate Births, per cent. of Live Births.	No. of Still Births.		Still Births per 1,000 Total Births, incl. Still Births.	No. of Deaths of Infants under 1 Year.	No. of Deaths of Infants under 1 Month.	Neo-natal Deaths per cent. of Total Infant Deaths.	Rates.				Deaths-rates among Infants under 1 Year of Age from Various Causes per 1,000 Live Births.												
										Total under one Year.	Under One Month (Neo-natal Rate).	One Month and under Six Months.	Six Months and under One Year.	Tuberculosis.	Common Zymotic Diseases.	Pneumonia and Bronchitis.	Diarrhoea and Enteritis.	Congenital Malformations.	Injury at Birth.	Atelectasis.	Immaturity.	Accidents.	Other causes.			
1951 .	3028	16.5	5.4	66	21	82	55	67	27	18	6	3	0	1	6	0.3	4	2	5	6	2	1				
1950 .	3226	17.2	5.3	74	22	92	54	54	29	17	10	2	0	0.3	6	0.3	5	2	4	5	2	5				
1949 .	3306	17.5	5.7	63	19	100	54	54	30	16	12	2	0.3	1	7	3	5	1	5	4	1	3				
1948 .	3598	19.1	5.9	98	27	121	72	60	34	20	10	4	0	1	5	5	4	4	5	6	2	2				
1947 .	4124	22.0	5.9	107	25	263	108	41	64	26	28	10	0.2	2	13	22	4	2	8	5	2	6				
1946 .	3762	20.4	7.0	115	30	158	92	58	42	24	16	2	0.5	0.3	6	9	5	3	7	7	1	3				
Average 1946-50	3603	19.2	6.0	91	25	147	76	52	40	21	15	4	0.2	1	7	8	5	2	6	5	2	4				
1945 .	2830	15.5	10.0	71	24	152	76	50	54	27	21	6	0.4	2	8	11	5	6	4	11	0.4	6				
1944 .	2989	16.5	9.2	68	22	169	83	49	57	28	23	6	0.3	1	14	7	7	5	6	8	2	7				
1943 .	2876	16.0	8.9	96	32	195	111	57	68	39	24	5	0	2	11	11	5	7	9	11	1	11				
1942 .	2904	16.1	8.5	91	30	194	104	54	67	36	22	9	1	3	10	11	6	3	4	21	0	8				
1941 .	2907	16.2	7.5	96	32	224	128	57	77	44	25	8	0	2	15	9	8	5	4	18	2	14				
Average 1941-45	2901	16.1	8.8	84	28	187	100	54	65	35	23	7	0.3	2	12	10	6	5	5	14	1	10				

## 2. MIDWIFERY (INCLUDING PROVISION OF ANALGESIA).

The Corporation's Domiciliary Midwifery Scheme under the Maternity Services (Scotland) Act, 1937, came into operation on 1st November, 1941. When the National Health Service Act was introduced, this scheme was modified by the fact that the practitioners are now employed and recompensed by the Executive Council and not by the Corporation.

The midwifery staff consists of a Supervisor of Midwives—who is also Superintending Nursing Officer—and eight whole-time midwives. To each municipal midwife a district of the City has been allocated. In addition, one central district is served by three midwives attached to the Aberdeen Maternity Hospital. The Corporation pay £750 per annum towards the remuneration of the Maternity Hospital midwives.

### Births.

Particulars regarding the births, including the still-births, which occurred in the City during 1951 are as follows:—

- (i) Total number of births occurring in the area during year—that is, before correction for mothers' residence:—Live births, 3,654; still-births, 102.  
Total . . . . . 3,756
- (ii) Total number of above births occurring in institutions (including private maternity homes) . . . . . 3,273
- (iii) Total number of above births occurring at home . . . . . 483
- (iv) Number of births in (iii) classified to show nature of attendance at birth:—

	Cases dealt with under Section 23 (2) of the National Health Service (Scotland) Act, 1947.			Other domiciliary cases			Total
	Doctor engaged and present at confinement	Doctor engaged and not present at confinement	Midwife alone (no doctor engaged)	Doctor and Midwife engaged	Midwife alone (no doctor engaged)	Without doctor or midwife	
(a) Midwives employed by the Authority (including those engaged on a fee-per-case basis) . . . . .	35 = 38 babies	327	6	* 1	...	† 2	371
(b) Midwives employed by Voluntary Organisations under arrangements made by the Authority . . . . .	...	...	...	..	...	..	...
(c) Midwives employed by Hospital Boards of Management under arrangements made by the Authority with the Regional Hospital Board . . . . .	4	100	3	..	...	...	107
(d) Private practising midwives . . . . .	...	.	...	2	...	...	2
(e) Totals. . . . .	39 42 babies	427	9	3	...	† 2	480 483 babies

\* Doctor present but no midwife. Mother and baby removed to hospital.

† Concealed confinements.

## (v) Medical Aid.

(a) No. of cases in whom medical aid was summoned during the year under Section 22 (1) of the Midwives (Scotland) Act, 1915, by a midwife:—

(i) For Domiciliary Cases . . . . .	0	}	6
(ii) For Institutional Cases . . . . .	6		

(b) No. of cases in whom medical aid was summoned during the year for cases where the medical practitioner had agreed to provide medical services under the National Health Service . . . . . 86

## (vi) Administration of Analgesics.

(a) No. of midwives in practice in the area qualified to administer analgesics in accordance with the requirements of the Central Midwives' Board for Scotland:—

(i) Domiciliary . . . . .	11	}	58
(ii) In Institutions . . . . .	47		

(b) No. of domiciliary midwives who received their training during the year . . . . . 0

(c) No. of sets of apparatus for the administration of gas and air in use at 31st December, 1951, by domiciliary midwives employed by the Authority, or employed by voluntary organisations in the Authority's area . . . . . 2

(d) No. of sets on order at 31st December, 1951 . . . . . 0

(e) No. of cases in which gas and air was administered by midwives in domiciliary practice during the year . . . . . 317

(f) No. of cases in which pethidine was administered by midwives in domiciliary practice during the year (including cases attended by hospital midwives undertaking domiciliary cases) . . . . . 41

(vii) No. of cars in use by midwives at 31st December, 1951 . . . . . 0

## 3.—HEALTH VISITING.

Under Section 24 of the National Health Service (Scotland) Act, 1947, it is the duty of every local health authority to make provision in their area for the visiting of persons in their homes by visitors, to be called "health visitors," for the purpose of giving advice as to the care of young children, of persons suffering from illness, and of expectant or nursing mothers, and as to the measures necessary to promote health and to prevent the spread of infection.

At the end of 1951, there were 42 health visitors in the employment of the Corporation in connection with the maternity and child welfare and with the school health services. In addition, 4 health visitors were employed for the care and supervision of tuberculous cases undergoing domiciliary treatment and another health visitor was reserved mainly for the visitation of cases suffering from infectious diseases.

In order to provide a thoroughly efficient health visiting service, the Corporation have decided as an *interim* measure to increase the establishment of health visitors to 65. Eventually, this number will be increased to 100.

In April, 1948, the Corporation inaugurated a training course for the Health Visitor's Certificate. Including the course which commenced in October, 1951, there have so far been five courses, each extending over a period of six months. The lecturers in these courses were medical members of the staff of the Health and Welfare Department, Professors and Lecturers of Aberdeen University, medical personnel employed by the North-Eastern Regional Hospital Board, and several others. It is gratifying to be able to report that all the candidates who attended the five courses gained the Health Visitor's Certificate. These courses have proved most beneficial in the recruitment of health visitors to the Corporation's service. In order to supervise the theoretical and practical training of the student health visitors, the Corporation engaged a Health Visitor Sister Tutor.

### Visitation by Health Visitors.

The work performed by the health visitors during the year is given hereunder:—

#### (a) Maternity and Child Welfare—

	First Visits.	Total Visits.
Expectant mothers . . . . .	1,917	5,417
Children under 1 year of age . . . . .	2,804	31,275
Children between the age of 1 and 5 . . . . .	1,925	51,551

#### (b) Tuberculosis—

Cases of tuberculosis . . . . .	245	5,645
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(c) Other cases . . . . .	3,571	3,692
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### 4.—HOME NURSING.

The number of cases attended and the number of visits paid by the nurses employed by the Aberdeen District Nursing Association which acts as agent for the Corporation were as follows:—

(i) Number of cases attended by home nurses . . . . .	3,133
(ii) Number of visits paid by nurses to these cases . . . . .	77,795

### 5.—DOMESTIC HELP.

During the year under review, there was a great increase in the demand for the services of domestic helps, and the Corporation decided to increase the establishment from 80 to 200. At the end of the year there were 35 whole-time and 27 part-time domestic helps, and the number of cases where domestic helps were provided was 792. Of that number, 151 cases received the services of domestic helps for home confinements and 52 cases, who had been confined in hospital, obtained their aid for a period after returning home. The average duration of assistance was approximately three weeks.



## 6.—VACCINATION AND IMMUNISATION.

**Vaccination against Smallpox.**

Vaccination against smallpox ceased to be compulsory with the introduction of the National Health Service (Scotland) Act. Vaccination is now undertaken by the general practitioners and by the Corporation's Medical Officers at the Child Welfare Clinics. The following table gives the number of vaccinations reported to the Health and Welfare Department during 1951:—

## PRIMARY VACCINATIONS.

Year of Birth	Typical Vaccinia greatest at 7th-10th day	Accelerated (Vaccinoid) Reaction 5th-7th day	Greatest Reaction 2nd-3rd day	No Local Reaction	Total
1951 . . . . .	1,089	3	7	20	1,119
1950 . . . . .	996	5	4	27	1,032
1949 . . . . .	63	...	...	3	66
1948 . . . . .	43	...	...	...	43
1947 . . . . .	13	1	...	...	14
1946 . . . . .	9	...	...	..	9
1945 . . . . .	2	...	...	...	2
1944 . . . . .	2	...	...	..	2
1943 . . . . .	2	...	...	...	2
1942 or earlier . . . . .	88	3	...	..	91
Totals . . . . .	2,307	12	11	50	2,380

## RE-VACCINATIONS.

Typical Vaccinia greatest at 7th-10th day.	Accelerated (Vaccinoid) Reaction 5th-7th day.	Greatest Reaction 2nd-3rd day.	No Local Reaction.	Total.
445	155	239	50	889

It will be seen that re-vaccinations numbered only 889, as compared with 3,243 in 1950. In the latter year there was an outbreak of smallpox in Glasgow with the result that persons who were going to Glasgow or had Glasgow friends coming to visit them demanded vaccination or re-vaccination.

**Immunisation against Diphtheria.**

Under the Health Act, the Corporation is required to make arrangements for the immunisation against diphtheria of pre-school and school children in their area.

In 1936, the Corporation authorised the re-introduction of a campaign in connection with the active immunisation of children of school and pre-school ages. This scheme was continued to cover the requirements of the Act. Every endeavour is being made to secure that as many infants as possible are immunised, whether by their own doctors or at clinic sessions organised by the Corporation.

The accompanying table gives the numbers reported to have been immunised and re-immunised during 1951.

The number of children fully immunised at schools during the year was 812; 1,121 were immunised at Child Welfare Clinics and records relating to 1,247 children fully immunised were sent to the Health and Welfare Department by general practitioners—a total of 3,180 as compared with 3,311 in 1950.

In addition, 3,210 children received a maintenance injection.

A record of the immunisation campaign in connection with school children is given under the section dealing with the School Health Service.

**Immunisation against Whooping Cough.**

During 1951, 938 children were reported by general practitioners to have been immunised against whooping cough, the immunisation material being a combined prophylactic against diphtheria and whooping cough. The number of children immunised during the year by the Medical Officers attached to the Health and Welfare Department totalled 649.

## DIPHTHERIA IMMUNISATION ANALYSIS FOR YEAR 1951.

	YEAR OF BIRTH																TOTAL
	1951	1950	1949	1948	1947	1946	1945	1944	1943	1942	1941	1940	1939	1938	1937	1936 or earlier	
No. of Children fully Immunised (2 injections).																	
(a) By General Practitioners and at Child Welfare Clinics—	140	1,506	416	112	72	49	55	4	2	7	1	...	1	1	...	2	2,368
(b) At Schools—	...	...	2	4	7	187	372	12	11	202	3	3	8	1	...	...	812
Total of Children fully Immunised.	140	1,506	418	116	79	236	427	16	13	209	4	3	9	2	...	2	3,180
No. of Children who have received a third or maintenance injection.																	
(a) By General Practitioners and at Child Welfare Clinics—	..	...	...	...	25	104	47	7	7	20	3	2	2	...	...	8	225
(b) At Schools—	...	...	...	...	2	400	755	26	108	1,632	18	23	20	1	...	...	2,985
Total of Children who have received a maintenance injection	...	...	...	...	27	504	802	33	115	1,652	21	25	22	1	...	8	3,210

## 7.—PREVENTION OF ILLNESS, CARE AND AFTER-CARE. TUBERCULOSIS.

The Tuberculosis Scheme embraces institutional provision and specialist services controlled by the North-Eastern Regional Hospital Board. The general preventive aspects which have to be administered by the Local Authority include—

- (a) Measures for controlling the spread of infection, and
- (b) Measures for the care of persons suffering from tuberculosis and for the after-care of persons who have so suffered.

Broadly speaking, the curative side of tuberculosis is in the hands of the Regional Hospital Board and the domiciliary supervision in those of the Corporation.

In previous Annual Reports I have stressed the need for the thorough examination of contacts and the value of the advice given to domiciliary patients by the four health visitors whose main duties relate to the tuberculous.

A feature of the tuberculosis statistics for 1951 is the diminution in the number of cases and deaths from the disease. In 1951, there were 257 notifications, as compared with 301 in 1950. Of the 257 cases notified, 226 suffered from respiratory and 31 from non-respiratory.

Attention must again be drawn to the death-rates from tuberculosis in the City of Aberdeen. *The death-rates, both from respiratory and from non-respiratory tuberculosis in 1951, are the lowest ever recorded.* It is gratifying to be able to record that the death-rate from all forms of tuberculosis in Aberdeen is approximately one-half of that for all Scotland.

Several factors contribute to the low death-rate in Aberdeen. Firstly, it is possible to give institutional treatment promptly, the average period between notification and admission to hospital being under three weeks; the waiting-list is consequently very small. Secondly, the use of new chemo-therapeutic agents, notably streptomycin and P.A.S., has accelerated the cure of many respiratory cases and has saved several cases of generalised tuberculosis and tuberculous meningitis who would otherwise certainly have died. Thirdly, there is in operation an increasingly successful range of surgical collapse methods in respiratory tuberculosis. But perhaps one of the most important contributory factors in the fall of the death-rate is the policy adopted by the Corporation whereby the tenancy of Council houses is granted to cases suffering from "open" tuberculosis, so that a considerable degree of segregation of these infectious cases is made possible.

### Mortality.

Forty-one deaths occurred from tuberculosis, 36 of these being due to respiratory and 5 to non-respiratory tuberculosis.

The deaths from tuberculosis represent 1·9 per cent. of the total deaths from all causes. In other words, one death out of every 53 is due to tuberculosis.

The deaths from respiratory tuberculosis and from all other forms of tuberculosis in 1951, in the preceding five years, and in 1938, the year preceding the war, were as follows:—

	Respiratory.	Other.	Total.
1951 . . . . .	36	5	41
1950 . . . . .	38	5	43
1949 . . . . .	60	6	66
1948 . . . . .	62	8	70
1947 . . . . .	65	12	77
1946 . . . . .	71	12	83
Average—1946-1950 Quinquennium . . .	59	9	68
1938 . . . . .	67	18	85

The deaths from respiratory tuberculosis and from non-respiratory tuberculosis for the years 1951, 1950, and 1938, arranged in age-groups, are given in the two following tables:—

*Deaths from Respiratory Tuberculosis—*

	1951.	1950.	1938.
Under 1 year . . . . .	—	—	—
1-5 years . . . . .	—	—	1
5-15 years . . . . .	—	—	—
15-25 years . . . . .	2	3	14
25-35 years . . . . .	7	7	16
35-45 years . . . . .	7	9	10
45-55 years . . . . .	2	7	13
55-65 years . . . . .	6	6	6
65-75 years . . . . .	11	3	7
75 years and over . . . . .	1	3	—
	36	38	67

*Deaths from Non-Respiratory Tuberculosis—*

	1951.	1950.	1938.
Under 1 year . . . . .	—	—	1
1-5 years . . . . .	1	1	3
5-15 years . . . . .	1	1	5
15-25 years . . . . .	—	—	3
25-35 years . . . . .	1	1	2
35-45 years . . . . .	2	1	—
45-55 years . . . . .	—	1	1
55-65 years . . . . .	—	—	1
65-75 years . . . . .	—	—	1
75 years and over . . . . .	—	—	1
	5	5	18





Deaths per 100,000 of Population. (Civilian



(a) RESPIRATORY TUBERCULOSIS.

Abdn.	322	274	298	243	223	204	184	181	167	138	116	111	106	88	62	52
All Scot.	253	266	270	254	234	213	190	175	166	148	131	110	99	81	68	59

(b) OTHER TUBERCULOSIS.

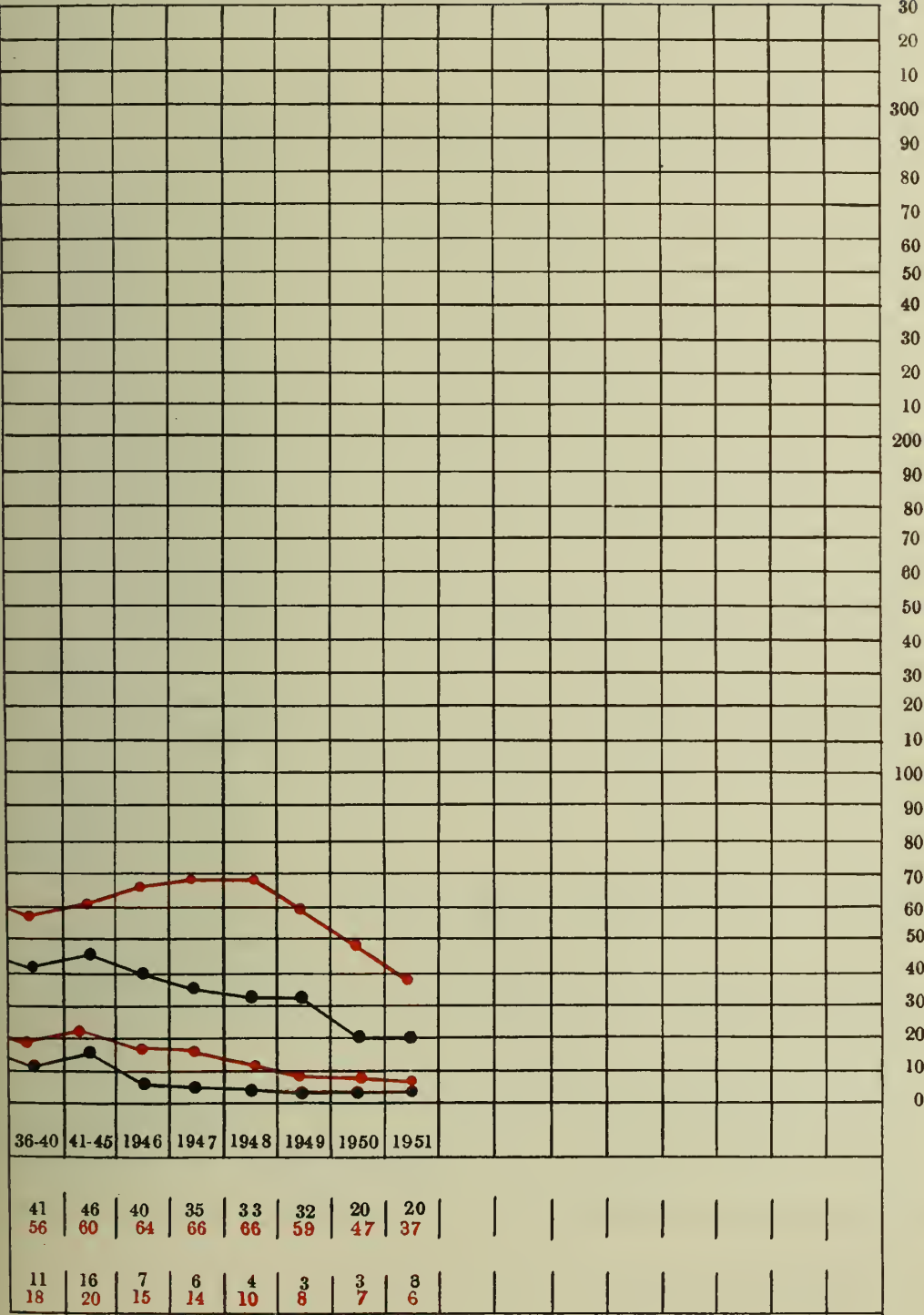
Abdn.	179	128	130	107	101	74	67	72	70	69	61	49	43	31	30	17
All Scot.	104	109	112	111	109	83	71	68	69	70	73	59	48	36	28	21

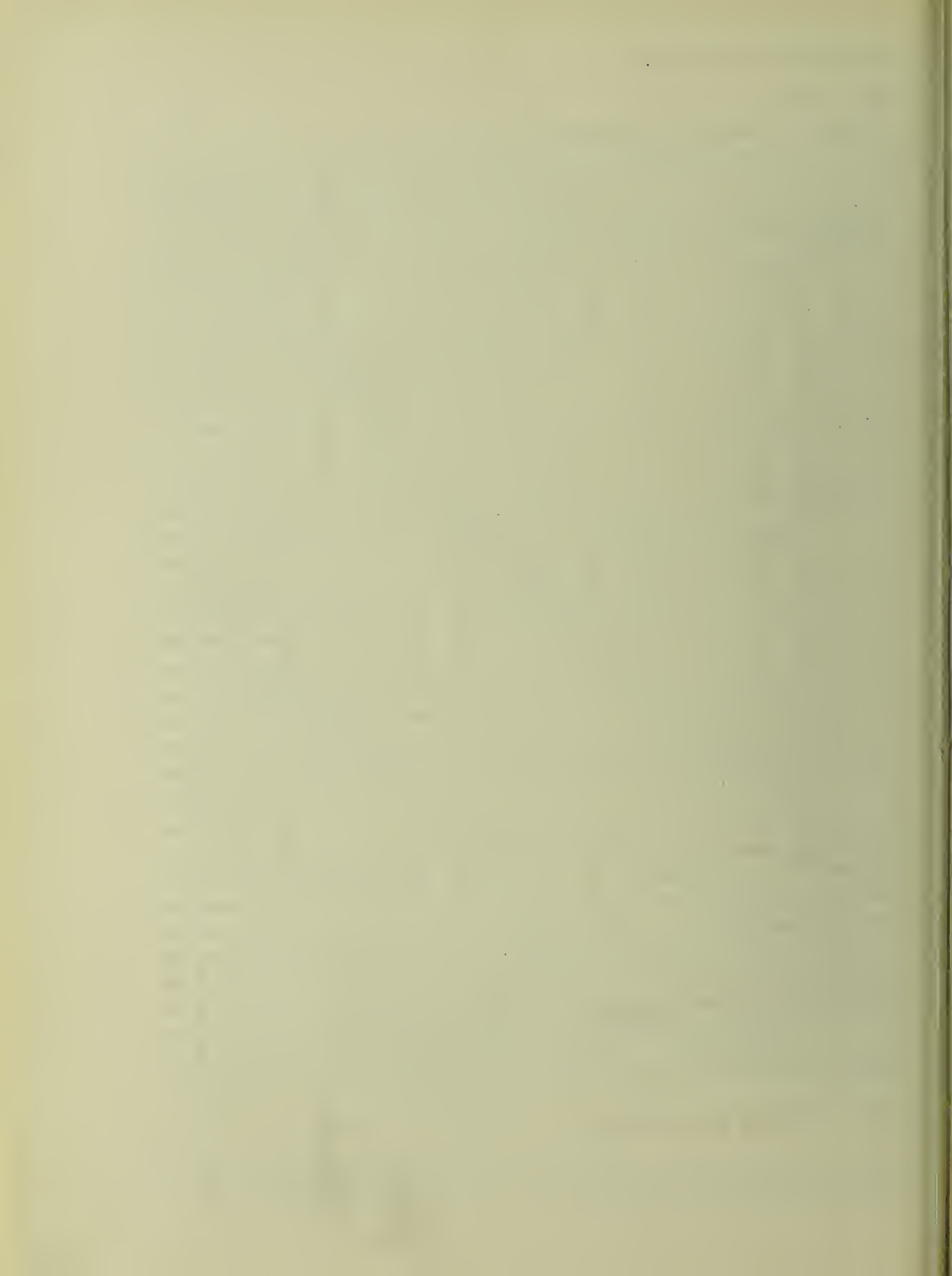
(Corrected for transferred deaths in 1904 and subsequent years.)

—QUINQUENNIAL PERIODS. to 1945.

BOTH SEXES.

Population and Civilian Deaths 1940-1946.)





The death-rates per 1,000 of population from tuberculosis in Scotland and in the four large cities for the years 1951, 1950, and 1938 are given in the following table:—

	1951			1950			1938		
	Total	Resp.	Other	Total	Resp.	Other	Total	Resp.	Other
All Scotland .	0·43	0·37	0·06	0·54	0·47	0·07	0·69	0·52	0·17
Glasgow .	0·69	0·60	0·09	0·95	0·84	0·11	1·09	0·85	0·24
Edinburgh .	0·37	0·33	0·04	0·53	0·48	0·04	0·77	0·61	0·16
Dundee .	0·43	0·39	0·04	0·62	0·59	0·03	0·82	0·62	0·20
Aberdeen .	0·22	0·20	0·03	0·23	0·20	0·03	0·48	0·38	0·10

The accompanying chart shows the death-rates since 1856, together with a comparison between Aberdeen and all Scotland.

As regards the death-rate from respiratory tuberculosis, Aberdeen had a rate of 0·20 per 1,000 in 1951, as compared with a rate of 0·37 for all Scotland.

The death-rate from tuberculosis, other than respiratory, was 0·03 in Aberdeen in 1951, as against 0·06 for all Scotland.

A comparison with the death-rate in Aberdeen at the beginning of the century shows a dramatic decline in the tuberculosis mortality; this is seen in the following table:—

Year.	Estimated Population at mid-year.	Deaths from all causes.	Deaths from Tuberculosis.	Tuberculosis Death Rate per 100,000.	Percentage of Tuberculosis deaths to all deaths.
1900	150,906	2,866	346	229	12·1
1951	183,248	2,181	41	22	1·9

Of the 36 deaths from respiratory tuberculosis, 25 were males and 11 females. These were apportioned to the various age periods as under:—

#### DEATHS FROM RESPIRATORY TUBERCULOSIS IN 1951 IN AGE AND SEX GROUPS.

Sex.	0-5	5-15	15-25	25-35	35-45	45-55	55-65	65+	Total
Male . . .	—	—	—	2	5	2	5	11	25
Female . . .	—	—	2	5	2	—	1	1	11

The sites of the body affected in the five cases who died from non-respiratory tuberculosis were:—

Brain membranes . . .	3 cases.
Spine . . . . .	1 case.
Generalised . . . . .	1 case.



### Notifications.

Table A gives the number of tuberculous cases notified during 1951, and, for comparative purposes, the notifications for 1950 are also given. These are divided into respiratory and non-respiratory, and arranged according to age-period and sex.

TABLE A.—NUMBER OF CASES OF TUBERCULOSIS NOTIFIED IN 1951.

	NUMBER OF CASES NOTIFIED AS SUFFERING FROM TUBERCULOSIS.										Cases removed to hospital.	Cases notified in a previous year and removed to hospital for the first time during 1951.
	AGE-GROUPS.											
	Under 1	1-5.	5-10.	10-15.	15-25.	25-35.	35-45.	45-65.	65 upwards.	TOTAL.		
RESPIRATORY.												
1951 Males .....	2	7	4	4	28	24	20	24	10	123	104	6
1950 Males .....	3	6	2	4	43	31	15	32	7	143	120	1
1951 Females .....	1	4	1	10	51	24	9	1	2	103	97	4
1950 Females .....	3	10	4	3	55	29	15	6	2	127	109	1
NON-RESPIRATORY.												
1951 Males .....	—	3	3	4	4	—	4	1	—	19	14	—
1950 Males .....	—	2	—	3	3	1	—	2	1	12	12	—
1951 Females .....	1	1	1	1	3	2	1	2	—	12	7	—
1950 Females .....	—	—	—	—	9	2	5	2	1	19	17	1
RESPIRATORY AND NON RESPIRATORY.												
1951 Male and Female	4	15	9	19	86	50	34	28	12	257	222	10
1950 Male and Female	6	18	6	10	110	63	35	42	11	301	258	3

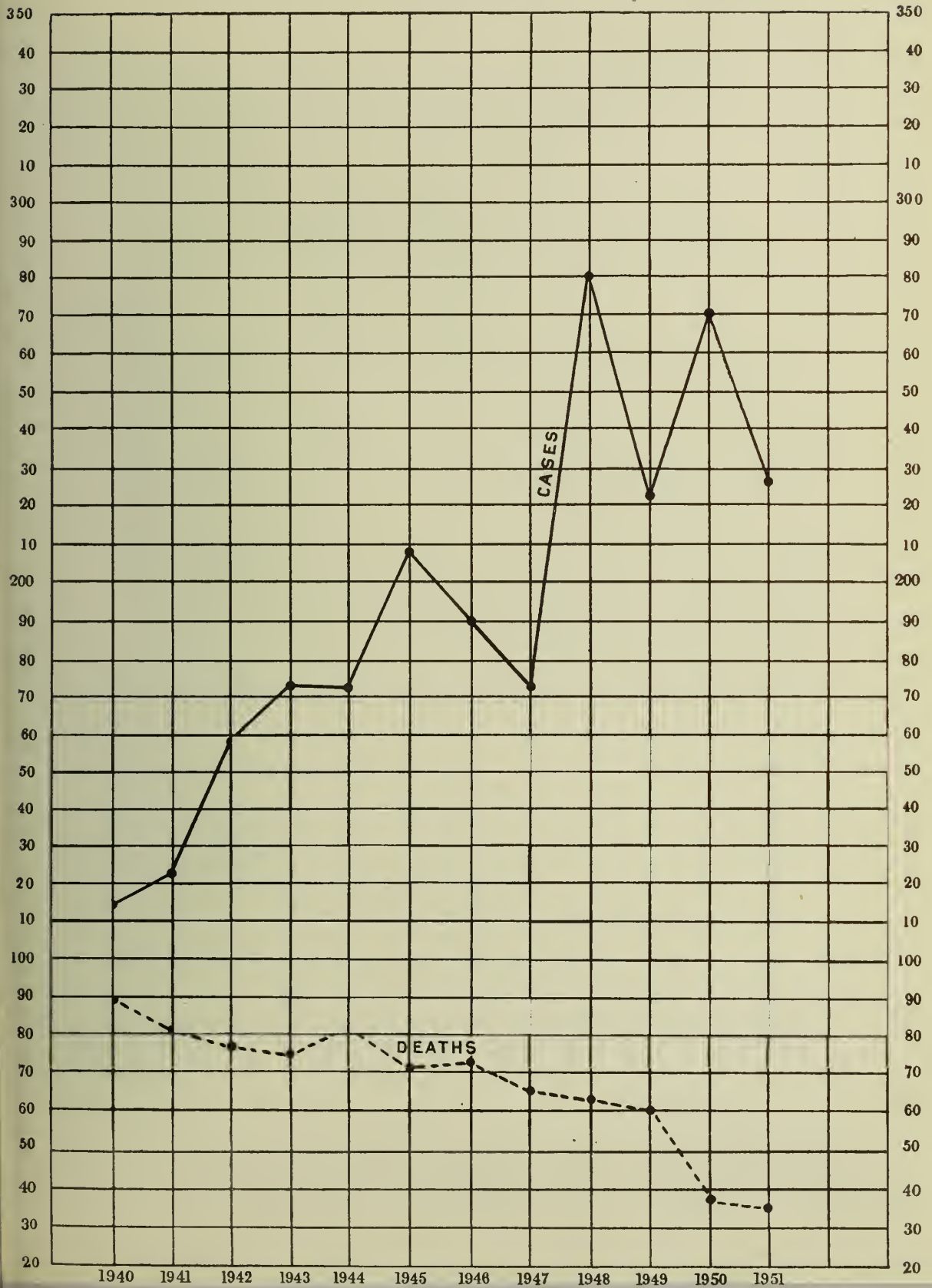
The appended graph shows the relative sickness and death rates from respiratory tuberculosis during the past few years. This graph gives the actual number of cases and deaths.

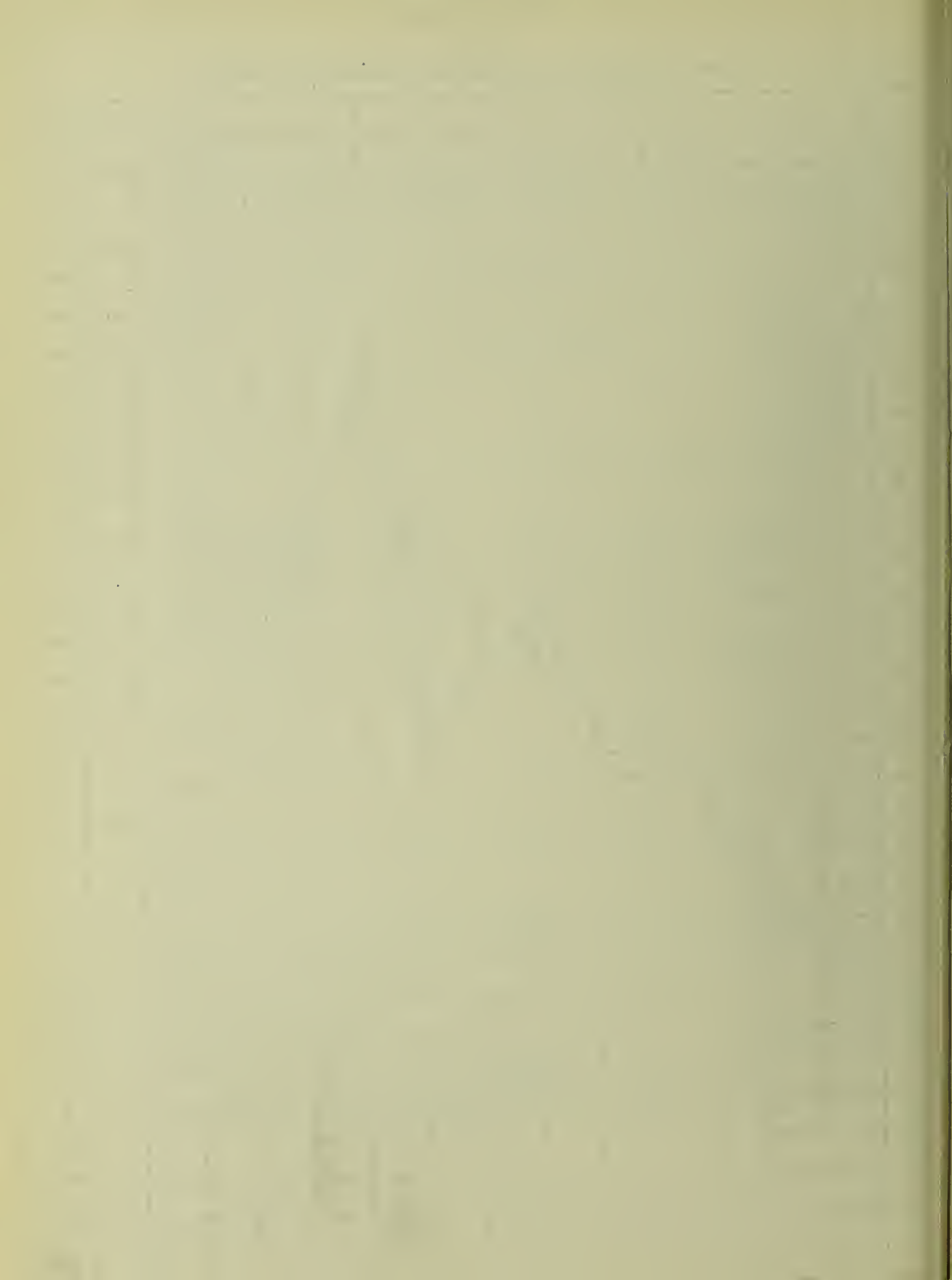
As regards the site of the disease, in the 31 cases notified as suffering from tuberculosis other than respiratory, 9 suffered from tuberculosis of the bones and joints (including spinal tuberculosis), 7 from tuberculous meningitis, 4 from tuberculous glands, 3 from genito-urinary disease, 1 from abdominal tuberculosis, and 7 from generalised and other forms of tuberculosis, including lupus.

Of the 226 notified cases of respiratory tuberculosis, 220 were confirmed; and of the 31 non-respiratory cases, all were confirmed.

Table B shows the number of persons residing in Aberdeen who, at 31st December, 1951, were known to be suffering from tuberculosis, namely:—1,117 respiratory and 44 non-respiratory cases; a total of 1,161.

## CASES AND DEATHS FROM RESPIRATORY TUBERCULOSIS, 1940-1951





B.—NUMBER OF PERSONS RESIDING IN ABERDEEN AT 31ST DECEMBER, 1951, WHO WERE KNOWN TO BE SUFFERING FROM TUBERCULOSIS.

		NUMBER OF CASES IN AGE-GROUPS.									TOTAL.
		Under 1.	1 and under 5.	5 and under 10.	10 and under 15.	15 and under 25.	25 and under 35.	35 and under 45.	45 and under 65.	65 and upwards.	
RESPIRATORY.											
1. Sputum or other material examined and tubercle bacilli found	Males ...	2	22	17	8	116	135	94	106	13	513
	Females	—	17	12	16	144	137	58	20	1	405
2. Sputum or other material examined and tubercle bacilli never found	Males ...	—	5	6	9	32	20	8	7	2	89
	Females	—	9	8	10	34	26	9	2	2	100
3. Sputum or other material not examined	Males ...	—	—	—	—	—	1	2	2	—	5
	Females	—	—	1	—	1	1	1	1	—	5
TOTAL		2	53	44	43	327	320	172	138	18	1117
NON-RESPIRATORY.											
1. Abdominal...	Males ...	—	—	—	1	—	—	—	—	—	1
	Females	—	—	—	—	2	2	1	—	—	5
2. Spine	Males ...	—	—	—	2	1	1	—	1	—	5
	Females	—	—	2	—	1	—	—	1	—	4
3. Bones and joints (exclusive of spine)	Males ...	—	—	—	—	1	—	1	—	—	2
	Females	—	—	—	—	1	—	—	—	—	1
4. Superficial glands	Males ...	—	—	—	—	—	—	—	1	—	1
	Females	—	—	—	—	—	—	—	—	—	—
5. Lupus	Males ...	—	—	—	—	—	—	—	—	—	—
	Females	—	—	—	—	—	1	1	1	—	3
6. Other parts or organs	Males ...	—	3	1	1	6	1	—	—	—	12
	Females	—	2	1	3	4	—	—	—	—	10
TOTAL		—	5	4	7	16	5	3	4	—	44
RESPIRATORY AND NON-RESPIRATORY TOTAL		2	58	48	50	343	325	175	142	18	1161

Table C gives particulars of those who died during 1951, detailing the period which elapsed between notification and death and between discharge from institutions and death.

C. NUMBER OF PERSONS WHO DIED FROM TUBERCULOSIS IN ABERDEEN, WITH PARTICULARS AS TO PERIOD ELAPSING BETWEEN NOTIFICATION AND DEATH AND BETWEEN DISCHARGE FROM AN INSTITUTION AND DEATH—YEAR 1951.

	RESPIRATORY.		NON-RESPIRATORY.	
	Males.	Females.	Males.	Females.
Number of Persons who died from Tuberculosis	* 25 (24)	* 11 (14)	* 1 (1)	* 4 (4)
of whom—				
Not notified or notified only at or after death	4 (4)	— (—)	— (—)	1 (—)
Notified less than 1 month before death	1 (1)	1 (4)	1 (1)	1 (—)
"    from 1 to 3 months	1 (2)	1 (—)	— (—)	— (2)
"    "    3 to 6     "    "    "	1 (—)	1 (1)	— (—)	— (—)
"    "    6 to 12   "    "    "	4 (—)	— (—)	— (—)	1 (—)
"    "    1 to 2 years	1 (4)	— (1)	— (—)	— (2)
"    over 2 years	13 (13)	8 (8)	— (—)	1 (—)
TOTAL	25 (24)	11 (14)	1 (1)	4 (4)
Number who died within 28 days after discharge from an institution	— (—)	— (—)	— (—)	— (—)
Number who died more than 28 days after discharge from an institution	4 (6)	2 (4)	— (—)	1 (1)

\* 1950 Figures in brackets.

Table D gives the number of cases who received treatment under the Tuberculosis Scheme in sanatoria or other institutions.

D. NUMBER OF CASES WITH THEIR HOME RESIDENCE IN ABERDEEN WHO RECEIVED TREATMENT IN SANATORIA OR OTHER INSTITUTIONS DURING THE YEAR ENDED 31ST DECEMBER, 1951.

		NUMBER OF PATIENTS.				
		In Institutions on January 1	Admitted during the year	Discharged during the year	Died in Institutions	In Institutions on December 31
RESPIRATORY.						
Adults . . .	{ Males	100	181	158	11	112
	{ Females	90	179	171	7	91
Children . . .	{ Males	2	17	15	—	4
	{ Females	4	21	16	—	9
NON-RESPIRATORY.						
Adults . . .	{ Males	6	8	6	3	5
	{ Females	11	10	11	1	9
Children . . .	{ Males	4	10	8	—	6
	{ Females	2	5	3	1	3
Total . . .		219	431	388	23	239



**B.C.G. Vaccination, 1951.**

Each year a return has to be submitted to the Department of Health for Scotland giving details of the number of B.C.G. vaccinations performed. The information is contained in the accompanying return:—

*Return for period 1st January, 1951, to 31st December, 1951.*

**B.C.G. VACCINATIONS PERFORMED.**

GROUP	Tuberculin Tested		Negative Re-actors		Successfully Vaccinated.	
	M.	F.	M.	F.	M.	F.
(a) Nurses . . . . .	2	251	1	64	1	63
(b) Medical Students . .	138	43	13	12	9	7
(c) Contacts . . . . .	326	357	167	189	133	154
(d) Others . . . . .	85	90	42	39	4	6

## 8.—CONTROL OF INFECTIOUS DISEASES.

## INFECTIOUS DISEASES—MORBIDITY AND MORTALITY.

**General.**

The chief variations in the number of infectious cases brought to the notice of the Health and Welfare Department in 1951 and 1950 were as under:—

	1951.	1950.	Increase.	Decrease.
Dysentery . . . .	225	67	158	—
*Measles . . . .	824	26	798	—
Whooping Cough . .	551	449	102	—
Pneumonia, Acute Primary	242	422	—	180
Poliomyelitis . . .	4	36	—	32
Scarlet Fever . . .	299	513	—	214

\*In Aberdeen, measles is not a compulsorily notifiable disease.

**Cerebro-Spinal Fever.**

Of this disease, 24 cases were notified in 1951, as compared with 14 in 1950. Neither in 1951 nor in 1950 did any of the cases prove fatal.

**Chickenpox.**

During 1951, 16 cases of this disease were brought to the knowledge of the Department. This disease is not compulsorily notifiable.

**Continued Fever (Undulant).**

In 1951, no case of undulant fever was notified. In 1950, 9 cases were reported.

**Diphtheria.**

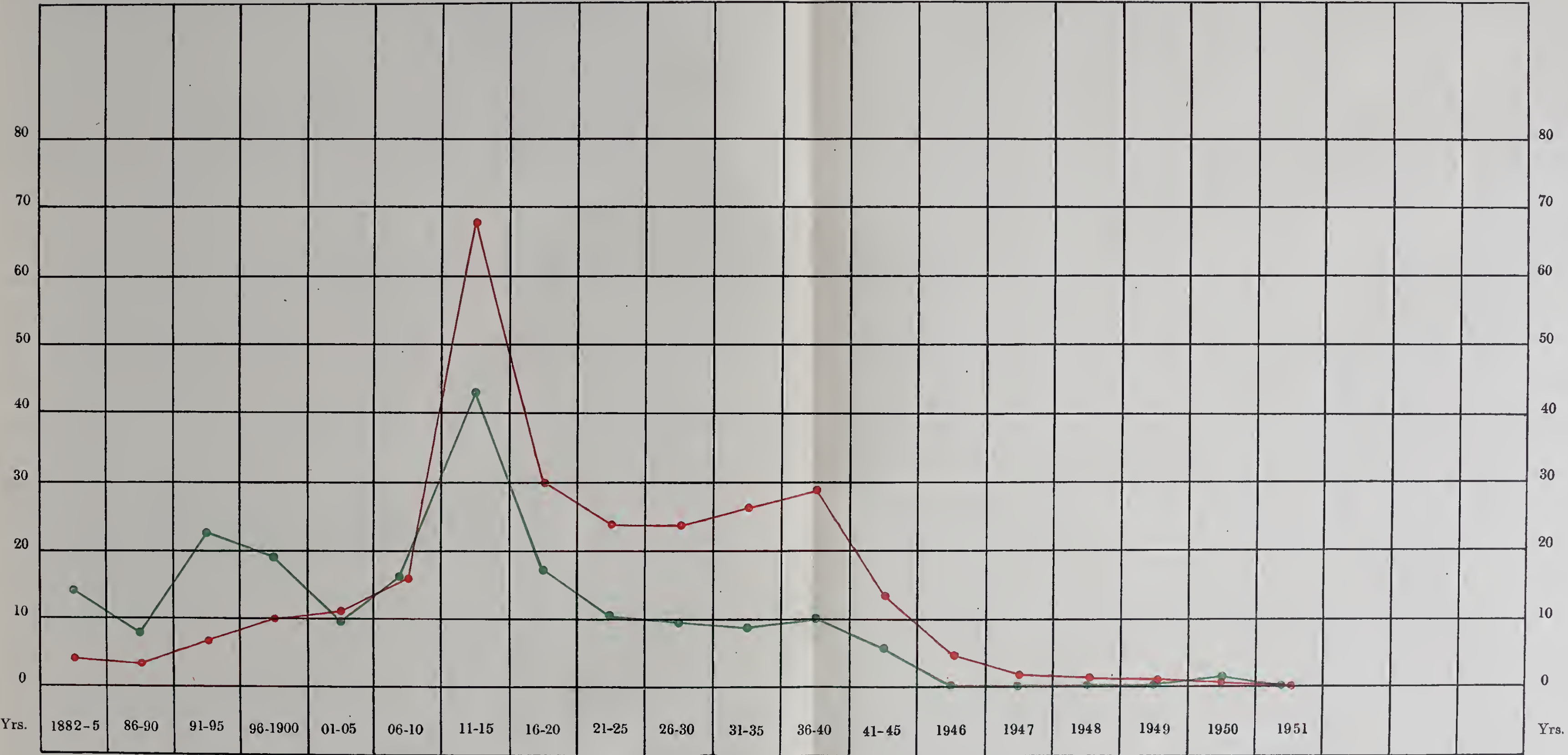
As regards notifications, a record has been established, no confirmed case having occurred in 1951. It is also gratifying to be able to report that only one death has taken place between 1946 and 1951; the continuity was broken in April, 1950, when a death from laryngeal diphtheria in a non-immunised child of seventeen months was registered. During the decennium 1941-1950, the maximum number of cases and deaths occurred in the year 1941, when the cases numbered 372, and the deaths 19.

The accompanying chart gives the attack incidence and death-rate from 1882 to 1951.

**Diphtheria Immunisation.**

Statistics of the work carried out during 1951 are given in Section A6 of this Report.

ABERDEEN



**DIPHTHERIA**— { Attack Incidence per 10,000 of population  
Deaths per 100,000 of population } 1882 - 1951 : QUINQUENNIAL AVERAGES to 1945.



### Dysentery.

In 1951, there were 225 notifications of this disease, as compared with 67 in 1950, and an annual average of 174 in the decennium 1941-1950. One death occurred in 1951. The "Sonne" type of dysentery accounted for the great majority of the 1951 cases.

### Encephalitis Lethargica.

No cases were notified during 1951.

### Erysipelas.

There were 23 cases of erysipelas in 1951, as compared with an annual average of 75 in the preceding decennium. One death was registered from this cause in 1951, the victim being a lady of 75 years of age.

### Infective Jaundice.

During the year there were 4 confirmed cases of infective jaundice. All the cases were males whose ages and occupations are given hereunder—

Age.	Occupation.	Age.	Occupation.
(1) 31 years . .	Fish merchant.	(3) 42 years . .	Unemployed.
(2) 36 „ . .	Fish worker.	(4) 73 „ . .	Fish merchant.

The two last-named cases died. As regards the unemployed male, it was ascertained that rats were present in his home.

In previous Annual Reports, I have dealt in some detail with the causation and prevention of infective jaundice.

### Leprosy.

This disease was made compulsorily notifiable on 1st September, 1951. No case has been reported in this area.

### Measles.

Compulsory notification of this disease in Aberdeen was discontinued in 1903. In 1951, 824 cases were voluntarily notified, and there was one death in a child of 13 years. During 1950, 26 cases were voluntarily reported, and one death also occurred.

### Ophthalmia Neonatorum.

No cases were notified during 1951.

### Pneumonia, Acute Influenzal.

Ten cases of acute influenzal pneumonia were notified in 1951, as compared with 32 in 1950. There were 2 deaths in elderly persons as against 7 in the preceding year.



### **Pneumonia, Acute Primary.**

During 1951, 242 cases were notified. There were 43 deaths. In 1950, there were notified 422 cases, of whom 58 died. During the preceding ten years, the annual average number of cases was 411, and the annual average number of deaths was 44. Of the 242 cases in 1951, 201 or 83 per cent. received institutional treatment.

### **Poliomyelitis (Infantile Paralysis).**

Four cases of this disease were notified in 1951. Three of the four sufferers were in the age period 5-15 years; the remaining case was an adult of 23 years. None proved fatal. In the preceding year, 36 cases were notified and there were 2 deaths.

### **Puerperal Fever and Puerperal Pyrexia.**

Twenty-three cases of puerperal fever and puerperal pyrexia were notified. Thirteen cases were confirmed as suffering from puerperal fever and one death was registered from this cause. The annual average number of cases and deaths in the preceding ten years was 34 and 2 respectively.

Ten cases were classified as cases of puerperal pyrexia. In the preceding decennium, the annual average number of these cases was 22.

For further details regarding puerperal fever and puerperal pyrexia, reference should be made to the section of the Report dealing with the Care of Mothers and Young Children.

### **Scarlet Fever.**

In 1951, 299 cases of scarlet fever were notified, as compared with an annual average of 287 in the decennium 1941-1950. There were no deaths in 1951. In recent years, this disease has assumed a very mild character.

### **Smallpox.**

Aberdeen has remained free from smallpox since 1930.

Analysis of the vaccinations carried out in 1951 by general practitioners and at child welfare clinics is given in Section A6 of this Report.

### **Tuberculosis.**

There were notified, in 1951, 257 cases of tuberculosis as compared with 301 in 1950 and an annual average of 245 in the 1941-1950 decennium.

Forty-one deaths occurred in 1951, as against 43 in 1950, and an annual average of 85 in the above-mentioned decennium.

The incidence and mortality are analysed in detail in Section A7.

### **Typhoid and Paratyphoid Fevers.**

Four cases of paratyphoid fever B. were notified in 1951. None of the cases proved fatal. In May, two cases were notified, one a schoolboy of 14 years and the

other a girl aged 4 years; no connection could be traced between these cases. A girl on holiday from London arrived in Aberdeen on 3rd August and took ill two days later. The fourth case was that of a girl, aged 15 years, who took ill immediately on returning from holiday in France.

### **Whooping Cough.**

On 1st January, 1950, this disease became compulsorily notifiable. The number of cases notified during 1951 was 551, as compared with 449 in the preceding year. During 1951, three deaths occurred in non-immunised children all under one year. No deaths were recorded in 1949 and 1950.

Whooping cough immunisation among infants and pre-school children is carried out at the various Child Welfare Centres and at home by general practitioners. During 1951, the number of children so immunised was 1,587.

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The following Tables deal with the various infectious diseases. Table I shows the seasonal variations in the prevalence of each infectious disease, whether compulsorily notifiable or not. In Table II are given the morbidity of and mortality from infectious diseases, classified according to age and to the allocation of patients to institutions for purposes of treatment. In Table III the cases and deaths are detailed for each of the years from 1941 to 1951.

TABLE I.—PROGRESS OF INFECTIOUS DISEASES DURING  
TWELVE MONTHS—YEAR, 1951.

Disease.	1951.												Whole Year.
	Jan.	Feb.	Mar.	Apr.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	
Cerebro-spinal Fever.	Cases 2	4	5	2	2	1	2	—	1	1	3	1	24
	Deaths	—	—	—	—	—	—	—	—	—	—	—	—
*Chickenpox	Cases 1	1	1	4	—	1	1	1	—	1	1	4	16
	Deaths	—	—	—	—	—	—	—	—	—	—	—	—
Continued Fever (Undulant)	Cases	—	—	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria	Cases	—	—	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	Cases 23	70	62	25	19	11	3	2	5	—	—	5	225
	Deaths	—	—	1	—	—	—	—	—	—	—	—	1
Encephalitis Lethargica	Cases	—	—	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	Cases 2	3	3	4	3	—	1	3	—	2	1	1	23
	Deaths	—	1	—	—	—	—	—	—	—	—	—	1
Jaundice, Acute Infective	Cases	—	—	—	—	—	—	—	2	1	1	—	4
	Deaths	—	—	—	—	—	—	—	—	1	—	1	2
Malaria	Cases	—	—	—	—	—	—	—	1	—	—	—	1
	Deaths	—	—	—	—	—	—	—	—	—	—	—	—
*Measles	Cases 3	44	128	198	276	86	22	8	19	19	12	9	824
	Deaths	—	—	—	—	—	—	—	—	—	1	—	1
Ophthalmia Neonatorum	Cases	—	—	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—	—	—
Plague	Cases	—	—	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia, Acute	Cases 5	1	1	—	—	1	—	—	—	1	—	1	10
	Deaths	2	—	—	—	—	—	—	—	—	—	—	2
Influenzal Pneumonia	Cases	—	—	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—	—	—
Acute Primary	Cases 52	26	20	16	23	13	9	19	10	17	15	22	242
	Deaths	20	8	7	2	1	—	1	—	1	—	3	43
Poliomyelitis, Acute	Cases	—	—	—	—	1	2	—	1	—	—	—	4
	Deaths	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Fever	Cases 1	3	—	1	1	—	—	1	2	2	1	1	13
	Deaths	—	—	—	—	—	—	—	1	—	—	—	1
Puerperal Pyrexia	Cases 1	—	—	1	1	—	3	2	2	—	—	—	10
	Deaths	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	Cases 62	55	45	15	15	16	10	15	15	13	15	23	299
	Deaths	—	—	—	—	—	—	—	—	—	—	—	—
Smallpox	Cases	—	—	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis, Respiratory	Cases 15	13	24	24	24	18	6	25	16	13	27	21	226
	Deaths	6	1	1	4	5	3	4	3	1	4	4	36
Tuberculosis, Non-respiratory	Cases 7	1	3	4	1	1	—	8	—	1	4	1	31
	Deaths	2	—	1	—	—	—	1	1	—	—	—	5
Typhoid Fever	Cases	—	—	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—	—	—
Para-Typhoid A.	Cases	—	—	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—	—	—
Para-Typhoid B.	Cases	—	—	—	2	—	—	1	1	—	—	—	4
	Deaths	—	—	—	—	—	—	—	—	—	—	—	—
Typhus Fever	Cases	—	—	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough	Cases 36	49	56	56	49	56	51	33	37	39	52	37	551
	Deaths	1	—	—	1	—	—	—	—	—	—	1	3
Total	Cases 210	270	348	350	416	205	110	118	112	110	132	126	2507
	Deaths 31	10	10	7	6	3	6	4	3	5	1	9	95
Influenza, excl. Influenzal Pneumonia	Deaths	4	1	1	—	—	—	—	—	—	—	—	7

\*Not compulsorily notifiable.

TABLE II.—MORBIDITY AND MORTALITY FROM INFECTIOUS DISEASES DURING 1951.

DISEASE		NO. OF CASES AND DEATHS AT VARIOUS AGE-PERIODS								Cases receiving Institutional Treatment	Cases not receiving Institutional Treatment
		At all Ages	YEARS								
			Under 1	1-5	5-15	15-25	25-45	45-65	65+		
Cerebro-spinal Fever .....	Cases	24	8	14	2	—	—	—	—	24	—
	Deaths	—	—	—	—	—	—	—	—	—	—
*Chicken Pox ...	Cases	16	3	6	4	3	—	—	—	10	6
	Deaths	—	—	—	—	—	—	—	—	—	—
Cholera .. .....	Cases	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—
Continued Fever (undulant)	Cases	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—
Diphtheria . ...	Cases	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—
Dysentery .....	Cases	225	13	79	61	16	32	19	5	82	143
	Deaths	1	—	—	—	—	—	—	1	1	—
Encephalitis	Cases	—	—	—	—	—	—	—	—	—	—
Lethargica...	Deaths	—	—	—	—	—	—	—	—	—	—
Erysipelas .....	Cases	23	—	1	—	2	6	7	7	10	13
	Deaths	1	—	—	—	—	—	1	1	1	—
Infective Jaundice ...	Cases	4	—	—	—	—	3	—	1	4	—
	Deaths	2	—	—	—	—	1	—	1	2	—
Malaria .. .....	Cases	1	—	—	—	—	1	—	—	1	—
	Deaths	—	—	—	—	—	—	—	—	—	—
*Measles .....	Cases	324	13	230	568	10	3	—	—	91	733
	Deaths	1	—	—	1	—	—	—	—	—	1
Ophthalmia Neonatorum	Cases	—	—	—	—	—	—	—	—	—	—
Plague .....	Cases	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—
Pneumonia, Acute Influenzal	Cases	10	1	1	—	—	4	—	4	4	6
	Deaths	2	—	—	—	—	—	—	2	—	2
Pneumonia, Acute Primary	Cases	242	29	40	27	18	22	48	58	201	41
	Deaths	43	6	2	—	—	1	7	27	35	8
Polio-myelitis, Acute .....	Cases	4	—	—	3	1	—	—	—	4	—
	Deaths	—	—	—	—	—	—	—	—	—	—
Puerperal Fever .....	Cases	13	—	—	—	2	11	—	—	13	—
	Deaths	1	—	—	—	—	1	—	—	1	—
Puerperal Pyrexia .....	Cases	10	—	—	—	4	6	—	—	9	1
Scarlet Fever...	Cases	299	2	76	177	33	9	2	—	128	171
	Deaths	—	—	—	—	—	—	—	—	—	—
Small-pox . ...	Cases	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—
Tuberculosis Respiratory	Cases	226	3	11	19	79	77	25	12	201	25
	Deaths	36	—	—	—	2	14	8	12	19	17
Tuberculosis Non-respiratory	Cases	31	1	4	9	7	7	3	—	21	10
	Deaths	5	—	1	1	—	3	—	—	4	1
Typhoid Fever	Cases	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—
Paratyphoid A	Cases	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—
Paratyphoid B	Cases	4	—	1	1	2	—	—	—	4	—
	Deaths	—	—	—	—	—	—	—	—	—	—
Typhus Fever	Cases	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—
Whooping Cough .....	Cases	551	64	285	193	5	3	—	1	47	504
	Deaths	3	3	—	—	—	—	—	—	3	—
Total ...	Cases	2507	137	748	1064	182	184	104	88	854	1653
	Deaths	94	9	2	2	2	20	15	44	66	28

\* Not compulsorily notifiable.

TABLE III.—MORBIDITY AND MORTALITY FROM INFECTIOUS DISEASES DURING EACH YEAR FROM 1941 TO 1951.

Disease.		1951	1950	1949	1948	1947	1946	1945	1944	1943	1942	1941	ANNUAL AVERAGE 1941 to 1950.
Cerebro-Spinal	Cases	24	14	9	5	12	28	25	8	16	20	51	18.8
Fever . . .	Deaths	0	0	1	2	2	0	3	0	8	3	5	2.4
*Chickenpox . .	Cases	16	26	23	62	23	60	14	36	44	60	18	36.6
	Deaths	0	0	0	0	0	0	0	0	0	0	0	0.0
Continued Fever	Cases	0	9	4	1	3	4	1	1	1	9	2	3.5
(Undulant) . .	Deaths	0	0	0	0	0	0	0	0	0	1	0	0.1
Diphtheria . .	Cases	0	2	3	4	9	68	136	153	156	331	372	123.4
	Deaths	0	1	0	0	0	0	9	5	5	15	19	5.4
Dysentery . .	Cases	225	67	34	137	13	100	331	83	335	396	248	174.4
	Deaths	1	0	0	1	0	0	3	5	6	10	8	3.3
Encephalitis . .	Cases	0	1	0	0	0	0	0	0	0	1	1	0.3
Lethargica . .	Deaths	0	1	0	0	0	0	0	0	0	1	1	0.3
Erysipelas . .	Cases	23	37	48	64	65	104	79	54	90	114	92	74.7
	Deaths	1	0	0	0	0	2	2	0	1	2	0	0.7
Infective Jaundice	Cases	4	10	11	10	6	6	4	4	6	10	17	8.4
	Deaths	2	0	1	3	0	2	0	0	1	0	3	1.0
Malaria . . .	Cases	1	8	9	4	9	23	0	0	1	1	0	5.5
	Deaths	0	0	0	0	0	0	0	0	0	0	0	0.0
*Measles . . .	Cases	824	26	402	199	527	500	887	245	501	528	136	395.1
	Deaths	1	1	1	1	3	0	3	0	2	4	4	1.9
Ophth. Neonatorum	Cases	0	0	1	3	7	6	3	6	8	7	12	5.3
Plague . . .	Cases	0	0	0	0	0	0	0	0	0	0	0	0.0
	Deaths	0	0	0	0	0	0	0	0	0	0	0	0.0
Pneumonia, Acute	Cases	10	32	10	7	4	13	3	12	56	1	19	15.7
Influenzal . .	Deaths	2	7	4	3	2	7	0	2	27	1	4	5.7
Pneumonia, Acute	Cases	242	422	443	444	404	379	347	424	447	374	423	410.7
Primary . . .	Deaths	43	58	41	42	53	38	34	40	50	46	41	44.3
Poliomyelitis, Acute	Cases	4	36	3	5	48	1	0	20	1	0	2	11.6
	Deaths	0	2	0	0	6	0	0	2	0	0	0	1.0
Puerperal Fever	Cases	13	35	46	25	42	52	37	24	40	15	27	34.3
	Deaths	1	9	1	0	1	1	2	1	2	5	3	1.6
Puerperal Pyrexia	Cases	10	11	13	34	33	26	4	13	19	41	30	22.4
Scarlot Fever . .	Cases	299	513	275	252	205	465	316	202	231	234	179	287.2
	Deaths	0	0	0	1	0	0	0	0	1	0	0	0.2
Smallpox . . .	Cases	0	0	0	0	0	0	0	0	0	0	0	0.0
	Deaths	0	0	0	0	0	0	0	0	0	0	0	0.0
Tuberculosis, Respiratory . .	Cases	226	270	222	279	172	190	207	171	173	158	122	196.4
	Deaths	36	38	60	62	65	71	70	77	74	76	80	67.8
Tuberculosis, Non-Respiratory . .	Cases	31	31	28	37	53	50	48	63	58	61	64	49.3
	Deaths	5	5	6	8	12	12	15	33	26	31	23	17.2
Typhoid and Paratyphoid Fevers	Cases	4	2	4	30	6	2	7	3	0	3	11	6.8
	Deaths	0	0	0	0	1	0	0	0	0	0	1	0.2
Typhus Fever . .	Cases	0	0	0	0	0	0	0	0	0	0	0	0.0
	Deaths	0	0	0	0	0	0	0	0	0	0	0	0.0
Whooping Cough	Cases	551	449	58	194	176	151	195	346	165	243	321	229.8
	Deaths	3	0	0	2	5	3	4	2	3	5	7	3.1
Influenza, excl. Influenzal Pneumonia . .	Deaths	7	6	6	1	0	2	7	5	20	3	10	6.0

\*Not compulsorily notifiable.



### 9.—MENTAL HEALTH SERVICES.

The Corporation have now no responsibility for the institutional care of the mentally sick, but they are still responsible for the ascertainment, the care and after-care of patients in their own homes.

Under arrangements made with the Executive Council, the certification of insane persons is carried out by general practitioners. Where a person certified as insane is placed under guardianship or boarded out, or liberated on probation from a mental hospital, the Regional Hospital Board meet the cost of his maintenance, but the Board have asked the Corporation to assist them meantime in the discharge of this function. In the case of mentally handicapped persons under guardianship, the responsibility for making arrangements for, and meeting the expenses of, guardianship continues to rest with the Education Committee where the children are between 5 and 16 years and are educable, and with the Health and Welfare Committee in all other cases. In carrying out the duties relating to mental illness and mental deficiency, the Medical Officer of Health and his medical staff have the valuable assistance of the Medical Officer for Mental Health employed by the Regional Hospital Board, the Professor of Mental Health and the Physician Superintendents of Kingseat Mental Hospital and of the Aberdeen Royal Mental Hospital.

In accordance with the Corporation's Proposals for the Discharge of Functions relating to Mental Health Services, the Corporation have appointed an authorised officer whose duties are (1) to make arrangements for the detention of persons apparently of unsound mind who have no relatives or friends willing or able to take such action; (2) to ensure that adequate domestic arrangements have been made when it is proposed to discharge insane persons from mental hospitals; (3) on the instructions of the Medical Officer of Health, to take steps to remove, pending the presentation of a petition, a supposed defective who is neglected, cruelly treated, or without visible means of support, to a place of safety; and (4) to deal with certain types of mentally handicapped children.

The North-Eastern Regional Hospital Board have appointed Dr. Moore Taylor as specialist Medical Officer for Mental Health. The services of this medical officer in the assessment of mental deficiency, and in the certification of insane persons have proved invaluable, and are much appreciated both by the general practitioners and by the medical staff of the Health and Welfare Department.

All cases released from institutions on probation or boarded out within the City are visited regularly by the authorised officer and by one of the medical staff. Those released on licence are visited by the Medical Officer for Mental Health.

Mentally handicapped children of the ineducable type may be sent to certified institutions, such as Woodlands Home, Cults—an institution originally acquired by the Corporation—or are placed under suitable guardianship if they require more attention than can be given in their own homes.

So far as training and occupation are concerned, the Corporation propose to establish within the City training and occupational centres for mentally ill and mentally handicapped persons who are undergoing domiciliary supervision. It is proposed that, at these centres, such work as cobbling, pottery, and leather work will be undertaken.

#### 10.—WORK UNDER NURSERIES AND CHILD-MINDERS REGULATION ACT.

The Nurseries and Child-minders Regulation Act, 1948, came into operation on 30th July, 1948. This Act empowers local health authorities to supervise (i) nurseries where children up to school age are looked after for a day, or for longer periods not exceeding six days, and (ii) persons who, for reward, undertake the care of children under the age of 5 years for similar periods.

At the end of 1951, only two applications for registration had been made to the Corporation.

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## B.—SCHOOL HEALTH SERVICE.

The Report on the School Health Service for the year ended 31st July, 1951, is herewith submitted:—

### GENERAL STATISTICS.

#### Number of Schools—

(a) Primary — Under Education Authority . . . . .	35
(b) Junior Secondary Do. Do. . . . .	10
(c) Secondary Do. Do. . . . .	3
(d) Nursery Do. Do. . . . .	4
(e) (i) Special Schools . . . . .	2
(ii) Special Classes in ordinary schools . . . . .	—
(iii) Nursery Classes . . . . .	6
(f) In receipt of grant from Education Committee and under Medical Inspection . . . . .	2

Number of children on the registers ( <i>i.e.</i> , for whole area—Not individual schools) . . . . .	27,942
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Number of children in average attendance ( <i>i.e.</i> , for whole area—Not individual schools) . . . . .	25,942
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### THE FINDINGS OF MEDICAL INSPECTION.

#### *Preliminary Inspection of "Entrants."*

Examination of five-year-old children when they enter school revealed the following details:—

Total number inspected . . . . .	2,145
<hr/>	
Dirty heads—	
Nits . . . . .	87 or 4.1 per cent.
Vermin . . . . .	2 or 0.1 per cent.
Squints . . . . .	118 or 5.5 per cent.
Other diseases . . . . .	32 or 1.5 per cent.
Number excluded for various infections . . . . .	3 or 0.1 per cent.
Unsatisfactory footgear . . . . .	.....
Unsatisfactory clothing . . . . .	3 or 0.1 per cent.

#### *Systematic Medical Examinations.*

Details as to the number and percentage of individual children in each age-group suffering from particular defects are given in Table II at the end of the School Health Section of this Report.

A summary of the systematic medical examinations is herewith submitted:—

	Number Examined.	Number found Defective.	Percentage.
1. Clothing unsatisfactory . . . . .	7,603	22	·3
2. Footgear unsatisfactory . . . . .	"	26	·3
3. Cleanliness—			
(a) Head—			
Nits . . . . .	"	60	·8
Vermin . . . . .	"	10	·1
(b) Body—			
Dirty . . . . .	"	11	·1
Vermin . . . . .	"	—	—
4. Skin—			
(a) Head—			
Ringworm . . . . .	"	—	—
Impetigo . . . . .	"	59	·8
Other diseases . . . . .	"	17	·2
(b) Body—			
Ringworm . . . . .	"	6	·08
Impetigo . . . . .	"	—	—
Scabies . . . . .	"	2	·03
Other diseases . . . . .	"	161	2·1
5. Nutritional State—			
Slightly defective . . . . .	"	36	·5
Bad . . . . .	"	—	—
6. Mouth and teeth unhealthy . . . . .	"	153	2·0
7. Naso-pharynx—			
(a) Nose—			
(i) Obstruction requiring observation . . . . .	"	360	4·7
(ii) Obstruction requiring operative treatment . . . . .	"	20	·3
(iii) Other conditions . . . . .	"	22	·3
(b) Throat—			
(i) Tonsils requiring observation . . . . .	"	1,671	22·0
(ii) Tonsils requiring operative treatment . . . . .	"	108	1·4
(c) Glands—			
(i) Requiring observation . . . . .	"	311	4·1
(ii) Requiring operative treatment . . . . .	"	1	·01
8. Eyes—			
(a) External Diseases—			
Blepharitis . . . . .	"	145	1·9
Conjunctivitis . . . . .	"	5	·07
Corneal Opacities . . . . .	"	1	·01
Strabismus . . . . .	"	379	5·0
Other diseases . . . . .	"	78	1·0
(b) Visual acuity with/without glasses—			
Fair . . . . .	5,119	1,020	19·9
Bad . . . . .	"	67	1·3
Recommended for Refraction . . . . .	"	370	7·2

	Number Examined.	Number found Defective.	Percentage.
9. Ears—			
(a) Diseases—			
Otorrhoea . . . . .	7,603	71	·9
Other diseases . . . . .	„	38	·5
(b) Defective hearing—			
Grade I . . . . .	5,119	9	·2
Grade II (b) . . . . .	„	1	·02
10. Speech—			
Defective articulation . . . . .	7,603	30	·4
Stammering . . . . .	„	21	·3
11. Mental and Nervous Condition—			
(a) Backward . . . . .	„	6	·08
(b) Dull . . . . .	„	2	·03
(c) Mentally deficient (educable) . . . . .	„	—	—
(d) Mentally deficient (ineducable) . . . . .	„	—	—
(e) Highly nervous or unstable . . . . .	„	30	·4
(f) Difficult in behaviour . . . . .	„	9	·1
12. Circulatory System—			
(a) Organic heart disease—			
(i) Congenital . . . . .	„	15	·2
(ii) Acquired . . . . .	„	13	·2
(b) Functional conditions . . . . .	„	53	·7
13. Lungs—			
Chronic bronchitis . . . . .	„	11	·1
Suspected tuberculosis . . . . .	„	37	·5
Other diseases . . . . .	„	245	3·2
14. Deformities—			
(a) Congenital . . . . .	„	32	·4
(b) Acquired (infantile paralysis) . . . . .	„	10	·1
(c) Acquired (probably rickets) . . . . .	„	133	1·7
(d) Acquired (other causes) . . . . .	„	122	1·6
15. Infectious disease . . . . .	„	5	·07
16. Other diseases or defects . . . . .	„	761	10·0
17. Classification—			
Group I (2,853) . . . . .	„	—	37·5
Group IIa . . . . .	5,119	611	11·9
Group IIb . . . . .	7,603	60	·8
Group IIc . . . . .	5,119	5	·1
Group III . . . . .	7,603	3,339	43·9
Group IVa . . . . .	„	472	6·2
Group IVb . . . . .	„	263	3·5
Number notified to parents as suffering from defects . . . . .	„	862	11·3
Number under observation . . . . .	„	3,361	44·2
Number of parents present at inspection (6,088) . . . . .	„	—	80·1
Number wearing glasses , . . . .	„	654	8·6



## \* HEIGHTS AND WEIGHTS.

*Boys.*

		Age.	Number Examined.	Average Age.	Average Height in Inches.	Average Weight in Lbs.
1950-51	.	5	978	53	42.5	42.8
"	.	9	1,166	93	51.5	63.1
"	.	13	1,278	135	59.1	92.5
"	.	16	172	165	67.4	133.3

*Girls.*

1950-51	.	5	886	53	42.1	41.0
"	.	9	1,075	95	51.4	61.1
"	.	13	1,209	134	59.5	96.1
"	.	16	139	166	63.9	120.3

\* For years 1930 onwards, see Table V. (pp. 48-49).

**Medical Treatment.**

## A—MINOR AILMENTS.

(1) *Cuts, Bruises, Sprains, and minor injuries, &c.*

Cases occurring in schools are dealt with by the medical or nursing staff, if present or available, but many of the cases are given First-aid treatment by the teaching staff, a number of whom have First-aid training. Cases which require further treatment are referred to their own doctor or if of a serious nature, *e.g.*, fractures, to the Casualty Departments of the General Hospitals. No information is available of the number of children in this group who have received treatment otherwise than under the Education Authority's scheme, *i.e.*, by their own medical attendant or by any of the hospitals.

(2) *Diseases of the Ear, Nose, and Throat.*

The attendances at the Ear, Nose, and Throat Clinic for the school year 1950-51 are as follows:—

Number of new cases	99
Number referred to hospital	26
Number referred to own doctor	6
Number treated at clinic	45
Number discharged requiring no treatment	22
Total attendances at clinic	1,681
Number discharged cured	66

About 85 per cent. of the new cases are cases of diseases of the ear alone. The vast majority of cases of enlarged tonsils and adenoids are not referred to the Ear, Nose, and Throat Clinic but are referred to the family doctor in the first instance.

(3) *Diseases of the Eye, excluding Defective Vision.*

These cases continue to be referred, by arrangement, to the Eye Institution, 142, King Street, Aberdeen. The number of cases so referred was 13 of epidemic conjunctivitis, and 31 of severe blepharitis.

(4) *Diseases of the Skin.*

## Ringworm (scalp)—

(a) X-ray treatment . . . . .	0
(b) Other treatment . . . . .	3

Ringworm (body) . . . . . 27

All cases of ringworm are referred, by arrangement, for treatment at the Skin Out-Patient Department, Aberdeen Royal Infirmary, Woolmanhill.

With regard to impetigo, 68 children were treated at the School Skin Clinic, Dispensary Buildings, Guestrow, Aberdeen; 658 attendances were involved.

With regard to scabies, these cases are usually referred for treatment to the Cleansing Station at the City Hospital, along with all contacts, adults as well as children. Thirty-one families, of whom one or more school-child members of the family were found to be suffering from scabies, were so dealt with, involving a total of 60 adults, 60 school children, and 27 children under school age.

The numbers of children known to the Department to have been treated for the undernoted skin ailments at the Skin Out-Patient Departments of the hospitals were as follows:—

Acne . . . . .	4	Papillomatous nævi . . . . .	3
Dermatitis . . . . .	3	Psoriasis . . . . .	1
Molluscum-contagiosum . . . . .	9	Warts . . . . .	69

There were no cases of body vermin.

## B—DEFECTIVE VISION AND SQUINT.

The work of the School Eye Clinic, Dispensary Buildings, Guestrow, Aberdeen, was carried out by ophthalmic surgeons on the staff of the North-Eastern Regional Hospital Board.

Number of cases examined—Boys, 879; Girls, 971. Total, 1,850.

Spectacles were prescribed in all necessary cases.

Cases of pre-school children referred by the Maternity and Child Welfare Department numbered 73, and were mostly cases of hypermetropia with actual or apparent squint.

## C—NOSE AND THROAT (OPERATIVE TREATMENT).

Cases requiring operative treatment are referred by the School Aural Surgeon either to the Royal Aberdeen Hospital for Sick Children or to the City Hospital.

## D—ORTHOPÆDIC AND POSTURAL DEFECTS (SPECIALIST TREATMENT).

The Orthopædic Clinic, inaugurated under the auspices of the Cripples' Welfare Association and commenced in May, 1942, is now controlled by the North-Eastern Regional Hospital Board. It is held in Charlotte Street Clinic at intervals of approximately one month, according to the number of cases to be examined, and is conducted by one of the Orthopædic Surgeons of Aberdeen Royal Infirmary. Special remedial exercises for suitable cases are arranged to take place at least once per week at the nearest Junior Secondary School. These classes are conducted by Specialist Physical Instructors.

During the year, 68 children were examined by the Orthopædic Surgeon, and of these, 18 were referred to one or other of the General Hospitals for further investigation and treatment in hospital; special remedial exercises were recommended for 13; and no action other than the slight raising of soles and heels of shoes in some cases was considered necessary in the case of 37 children.

In addition to the above-mentioned cases, 138 children who had previously been attended at the clinic paid re-visits to be checked up on the progress of the prescribed treatment.

Advantage of the clinic has also been taken, by arrangement, by the parents of 78 children under school age.

### Dental Inspection and Treatment.

Number of children who were inspected by the Dental Officers:—

Age.	Systematic Examinations.
3 . . . . .	—
4 . . . . .	—
5 . . . . .	—
6 . . . . .	—
7 . . . . .	—
8 . . . . .	—
9 . . . . .	—
10 . . . . .	—
11 . . . . .	—
12 . . . . .	—
13 . . . . .	178
14 . . . . .	—
15 . . . . .	—
16 . . . . .	—
	<hr/>
	178
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Number of Dental Officers' visits to schools—2 sessions (half-days).

Of the 178 children seen in school, 161 were found to require treatment, and, of these, 98 or 55·1 per cent. intimated acceptance of treatment; 17 intimated that their children were being privately treated. Refusals numbered 46, this being the number of unsigned cards returned at the time of the dental inspections. During the year, fifty to sixty per cent. of these cases ask for treatment but are then classified as emergency cases.

Number of half-days devoted by the Dental Officers to treatment—708.

	Systematic Cases.	Special and Emergency Cases.
Number of children actually treated by the School Dental Officers . . . . .	27	2,903
Number of attendances made by children for treatment . . . . .	46	4,209
Fillings—		
(a) Permanent teeth . . . . .	10	707
(b) Temporary teeth . . . . .	1	40

	Systematic Cases.	Special and Emergency Cases.
Extractions—		
(a) Permanent teeth . . . . .	20	1,158
(b) Temporary teeth . . . . .	27	3,359
Anæsthetics—		
Number of administrations of a general anæsthetic for extractions	18	1,620
Number of local anæsthetics . . . . .	3	1,074
Other operations—		
(a) Permanent teeth . . . . .	9	1,042
(b) Temporary teeth . . . . .	5	64
Orthodontics—		
Number of regulations . . . . .	4	
Part dentures . . . . .	12	
Crowns . . . . .	—	

The following work was carried out at the School Dental Clinic for *Oakbank Industrial School*:—

Number of boys inspected . . . . .	591
Number of boys treated . . . . .	109
Attendances for treatment . . . . .	144
Extractions—	
(a) Permanent teeth . . . . .	47
(b) Temporary teeth . . . . .	9
Anæsthetics—	
General . . . . .	32
Local . . . . .	10
Fillings—	
(a) Permanent teeth . . . . .	77
(b) Temporary teeth . . . . .	—
Scalings . . . . .	29
Dressings . . . . .	14
Gum treatment . . . . .	9

The following work was performed at the School Dental Clinic in respect of expectant and nursing mothers and children of pre-school age:—

	Mothers.	Children.
Number of cases treated . . . . .	8	315
Number of visits required . . . . .	23	610
Extractions . . . . .	13	569
Anæsthetics—		
General . . . . .	7	230
Local . . . . .	—	48
Fillings . . . . .	4	29

### Diphtheria Immunisation.

Details relating to the arrangements made by the Corporation for carrying out diphtheria immunisation are given in Section A6 of this Report, as also the statistics of the work carried out from 1st January to 31st December, 1951.

At the end of June, 1951, 24,500 children of school age were known to have been fully immunised against diphtheria, *i.e.*, 94·7 per cent. of the children attending Primary and Secondary Schools (including Robert Gordon's College). At the end of June, 1951, it has also to be recorded that 16,149 children had been re-inoculated at the schools.

### Tables.

The following tables are submitted:—

- Table I. Numbers of children examined in the several age-groups.  
 Table II. Return of number and percentage of individual children in each age-group suffering from particular defects.  
 Table III. Classification of children examined at systematic medical examinations.  
 Table IV. Return of all exceptional children of school age in the area.  
 Table V. Average heights and weights—Years 1930-1951.

TABLE I.

Total number of children examined at—

(a) Systematic examinations—

Ordinary Schools—

Entrants . . . .	2,484
Second age-group . . . .	2,274
Third age-group . . . .	2,528
Fourth age-group . . . .	—

Secondary Schools—Age-group . . . . . 317

7,603

(b) Other examinations—

Special cases . . . . .	963
Re-inspections by Medical Officers . . . . .	3,311

4,277



Number of individual children inspected at systematic examinations who were notified to parents as requiring treatment (excluding uncleanliness and dental caries):—

Entrants . . . .	234
Second age-group . .	289
Third age-group . .	323
Fourth age-group . .	—
Secondary age-group . .	16
	<hr/>
	862
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TABLE  
SYSTEMATIC

Return of number and percentage of individual children

NATURE OF DEFECT.	Total Exam-ined. All ages.	ENTRANTS.			
		Boys 1,297		Girls 1,187	
1. Clothing unsatisfactory . . . . .	7,603	8	0.6	1	.08
2. Footgear unsatisfactory . . . . .	"	5	.4	2	.2
3. Cleanliness—					
(a) Head: Nits . . . . .	"	4	.3	6	.5
Vermin . . . . .	"	1	.08	—	—
(b) Body: Dirty . . . . .	"	3	.2	—	—
Vermin . . . . .	"	—	—	—	—
4. Skin—					
(a) Head:					
Ringworm . . . . .	"	—	—	—	—
Impetigo . . . . .	"	8	.6	13	1.1
Other Diseases . . . . .	"	2	.2	3	.3
(b) Body:					
Ringworm . . . . .	"	1	.08	3	.3
Impetigo . . . . .	"	—	—	—	—
Scabies . . . . .	"	—	—	—	—
Other Diseases . . . . .	"	20	1.5	14	1.2
5. Nutritional state—					
Slightly defective . . . . .	"	3	.2	4	.3
Bad . . . . .	"	—	—	—	—
6. Mouth and Teeth Unhealthy . . . . .	"	28	2.2	19	1.6
7. Naso-Pharynx—					
(a) Nose:					
(i) Obstruction requiring observation . . . . .	"	62	4.8	50	4.2
(ii) Obstruction requiring Operative Treatment . . . . .	"	5	.4	2	.2
(iii) Other Conditions . . . . .	"	2	.2	3	.3
(b) Throat:					
(i) Tonsils requiring observation . . . . .	"	424	32.7	404	34.0
(ii) Tonsils requiring Operative Treatment . . . . .	"	41	3.2	34	2.9
(c) Glands:					
(i) Requiring observation . . . . .	"	115	8.9	74	6.2
(ii) Requiring Operative Treatment . . . . .	"	—	—	1	.08
8. Eyes—					
(a) External Diseases:					
Blepharitis . . . . .	"	12	.9	8	.7
Conjunctivitis . . . . .	"	1	.08	—	—
Corneal Opacities . . . . .	"	—	—	1	.08
Squint . . . . .	"	89	6.9	82	6.9
Other Diseases . . . . .	"	10	.8	5	.4
(b) Visual Acuity (Snellen):					
Defective—Fair . . . . .	5,119	—	—	—	—
Bad . . . . .	"	—	—	—	—
Recommended for Refraction . . . . .	"	40	3.1	41	3.5
Number wearing Glasses . . . . .	7,603	36	2.8	34	2.9
9. Ears					
(a) Diseases:					
Otorrhoea . . . . .	"	9	.7	9	.8
Other Diseases . . . . .	"	6	.5	14	1.2

## II

## EXAMINATIONS.

in each age-group suffering from particular defects.

SECOND AGE-GROUP.				THIRD AGE-GROUP.				FOURTH AGE-GROUP.				ALL AGES.			
Boys 1,179		Girls 1,095		Boys 1,289		Girls 1,239		Boys 173		Girls 144		Boys 3,938		Girls 3,665	
6	·5	3	·3	3	·2	1	·08	—	—	—	—	17	·4	5	·1
7	·6	2	·2	8	·6	2	·2	—	—	—	—	20	·5	6	·2
6	·5	15	1·4	1	·08	28	2·3	—	—	—	—	11	·3	49	1·3
—	—	4	·4	—	—	5	·4	—	—	—	—	1	·03	9	·2
—	—	1	·09	1	·08	6	·5	—	—	—	—	4	·1	7	·2
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9	·8	13	1·2	8	·6	7	·6	—	—	1	·7	25	·6	34	·9
2	·2	1	·09	3	·2	5	·4	—	—	1	·7	7	·2	10	·3
—	—	2	·2	—	—	—	—	—	—	—	—	1	·03	5	·1
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	1	·09	1	·08	—	—	—	—	—	—	1	·03	1	·03
20	1·7	14	1·3	27	2·1	53	4·3	5	2·9	8	5·6	72	1·8	89	2·4
7	·6	7	·6	10	·8	5	·4	—	—	—	—	20	·5	16	·4
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
21	1·8	25	2·3	29	2·2	29	2·3	1	·6	1	·7	79	2·0	74	2·0
71	6·0	51	4·7	75	5·8	43	3·5	1	·6	7	4·9	209	5·3	151	4·1
3	·3	6	·5	3	·2	—	—	1	·6	—	—	12	·3	8	·2
3	·3	6	·5	5	·4	3	·2	—	—	—	—	10	·3	12	·3
226	19·2	239	21·8	157	12·2	208	16·8	2	1·2	11	7·6	809	20·5	862	23·5
9	·8	8	·7	8	·6	8	6	—	—	—	—	58	1·5	50	1·4
45	3·8	27	2·5	32	2·5	15	1·2	1	·6	2	1·4	193	4·9	118	3·2
—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	·03
27	2·3	25	2·3	28	2·2	43	3·5	1	·6	1	·7	68	1·7	77	2·1
1	·08	1	·09	—	—	2	·2	—	—	—	—	2	·05	3	·08
—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	·03
68	5·8	52	4·7	31	2·4	54	4·4	—	—	3	2·1	188	4·8	191	5·2
11	·9	15	1·4	14	1·1	22	1·8	—	—	1	·7	35	·9	43	1·2
207	17·6	237	21·6	216	16·8	285	23·0	36	20·8	39	27·1	459	17·4	561	22·6
12	1·0	14	1·3	17	1·3	17	1·4	—	—	7	4·9	29	1·1	38	1·5
85	7·2	82	7·5	84	6·5	104	8·4	3	1·7	12	8·3	172	6·5	198	8·0
111	9·4	135	12·3	90	7·0	180	14·5	28	16·2	40	27·8	265	6·7	389	10·6
10	·8	15	1·4	19	1·5	8	·6	—	—	1	·7	38	1·0	33	·9
4	·3	3	·3	6	·5	5	·4	—	—	—	—	16	·4	22	·6

TABLE

## SYSTEMATIC

Return of number and percentage of individual children

NATURE OF DEFECT.	Total exam- ined. All ages.	ENTRANTS.			
		Boys 1,297		Girls 1,187	
9. Ears—(Continued)—					
(b) Defective Hearing :					
Grade I . . . . .	5,119	—	—	1	·08
Grade IIA . . . . .	”	—	—	—	—
Grade IIB . . . . .	”	—	—	—	—
Grade III . . . . .	”	—	—	—	—
10. Speech—					
Defective articulation . . . . .	7,603	16	1·2	6	·5
Stammering . . . . .	”	2	·2	1	·08
11. Mental and Nervous Condition—					
(a) Backward . . . . .	”	2	·2	1	·08
(b) Idiot . . . . .	”	—	—	2	·2
(c) Mentally deficient (Educable) . . . . .	”	—	—	—	—
(d) Mentally deficient (Ineducable) . . . . .	”	—	—	—	—
(e) Highly nervous or unstable . . . . .	”	7	·5	3	·3
(f) Difficult in behaviour . . . . .	”	1	·08	3	·3
12. Circulatory System—					
(a) Organic heart disease :					
(i) Congenital . . . . .	”	4	·3	6	·5
(ii) Acquired . . . . .	”	1	·08	—	—
(b) Functional conditions . . . . .	”	16	1·2	6	·5
13. Lungs—					
Chronic bronchitis . . . . .	”	2	·2	1	·08
Suspected tuberculosis . . . . .	”	7	·5	11	·9
Other diseases . . . . .	”	60	4·6	40	3·4
14. Deformities—					
(a) Congenital . . . . .	”	8	·6	2	·2
(b) Acquired (Infantile paralysis) . . . . .	”	2	·2	1	·08
(c) Acquired (Probably rickets) . . . . .	”	25	1·9	19	1·6
(d) Acquired (Other causes) . . . . .	”	19	1·5	14	1·2
15. Infectious disease . . . . .	”	2	·2	3	·3
16. Other diseases or defects . . . . .	”	126	9·7	113	9·5
17. Classification :					
Group I . . . . .	”	400	30·8	422	35·6
Group IIA . . . . .	5,119	—	—	—	—
Group IIB . . . . .	7,603	8	·6	11	·9
Group IIC . . . . .	5,119	—	—	—	—
Group III . . . . .	7,603	785	60·5	650	54·8
Group IVA . . . . .	”	59	4·5	78	6·6
Group IVB . . . . .	”	45	3·5	26	2·2
Number Notified to parents . . . . .	”	134	10·3	100	8·4
Number under observation . . . . .	”	748	57·7	645	54·3
Number of Parents present . . . . .	”	1,224	94·4	1,140	96·0

## II (Continued.)

## EXAMINATIONS.

in each age-group suffering from particular defects.

SECOND AGE-GROUP.				THIRD AGE-GROUP.				FOURTH AGE-GROUP.				ALL AGES.			
Boys 1,179		Girls 1,095		Boys 1,289		Girls 1,239		Boys 173		Girls 144		Boys 3,938		Girls 3,665	
—	—	—	—	5	·4	2	·2	1	·6	1	·7	6	·2	3	·1
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	1	·08	—	—	—	—	—	—	1	·04	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
4	·3	2	·2	1	·08	1	·08	—	—	—	—	21	·5	9	·2
8	·7	1	·09	4	·3	3	·2	2	1·2	—	—	16	·4	5	·1
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3	·3	—	—	—	—	—	—	—	—	—	—	5	·1	1	·03
—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	·05
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5	·4	2	·2	7	·5	6	·5	—	—	—	—	19	·5	11	·3
2	·2	—	—	2	·2	1	·08	—	—	—	—	5	·1	4	·1
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1	·08	1	·09	1	·08	2	·2	—	—	—	—	6	·2	9	·2
2	·2	2	·2	5	·4	2	·2	1	·6	—	—	9	·2	4	·1
5	·4	5	·5	8	·6	10	·8	1	·6	2	1·4	30	·8	23	·6
—	—	1	·09	2	·2	3	·2	1	·6	1	·7	5	·1	6	·2
4	·3	4	·4	6	·5	5	·4	—	—	—	—	17	·4	20	·5
44	3·7	27	2·5	41	3·2	30	2·4	2	1·2	1	·7	147	3·7	98	2·7
7	·6	4	·4	4	·3	6	·5	—	—	1	·7	19	·5	13	·4
5	·4	—	—	2	·2	—	—	—	—	—	—	9	·2	1	·03
27	2·3	21	1·9	24	1·9	16	1·3	—	—	1	·7	76	1·9	57	1·6
24	2·0	18	1·6	27	2·1	15	1·2	3	1·7	2	1·4	73	1·9	49	1·3
—	—	—	—	—	—	—	—	—	—	—	—	2	·05	3	·08
142	12·0	112	10·2	121	9·4	132	10·7	4	2·3	11	7·6	393	10·0	368	10·0
429	36·4	392	35·8	570	44·2	455	36·7	118	68·2	67	46·5	1,517	38·5	1,336	36·5
108	9·2	129	11·8	142	11·9	168	13·6	34	19·7	30	20·8	284	10·8	327	13·2
9	·8	9	·8	13	1·0	9	·7	1	·6	—	—	31	·8	29	·8
1	·08	2	·2	1	·08	1	·08	—	—	—	—	2	·08	3	·1
499	42·3	459	41·9	414	32·1	488	39·4	13	7·5	31	21·5	1,711	43·4	1,628	44·4
79	6·7	66	6·0	95	7·4	81	6·5	5	2·9	9	6·3	238	6·0	234	6·4
54	4·6	38	3·5	54	4·2	37	3·0	2	1·2	7	4·9	155	3·9	108	2·9
148	12·6	141	12·9	150	11·6	173	14·0	3	1·7	13	9·0	435	11·0	427	11·7
504	42·7	470	42·9	460	35·7	467	37·7	22	12·7	45	31·3	1,734	44·0	1,627	44·4
1,023	86·8	932	89·7	755	58·6	877	70·8	44	25·4	43	29·9	3,046	77·3	3,042	83·0



TABLE III.  
SYSTEMATIC MEDICAL EXAMINATIONS.

CLASSIFICATION	ENTRANTS		SECOND AGE-GROUP		THIRD AGE-GROUP		FOURTH AGE-GROUP		TOTAL	
	No. of Children	Percentage of the Children examined in this Group	No. of Children	Percentage of the Children examined in this Group	No. of Children	Percentage of the Children examined in this Group	No. of Children	Percentage of the Children examined in this Group	No. of Children	Percentage of the children examined at systematic examinations
I. Children free from defects . . . . .	822	33.1	821	36.1	1,025	40.5	185	58.4	2,853	37.5
II. Children (otherwise free from defects) who suffer from—										
(a) Defective vision not worse than 6/12 in the better eye with or without glasses . . . . .	—	—	237	10.4	310	12.3	64	20.2	611	8.0
(b) Conditions of the mouth and teeth requiring treatment . . . . .	19	.8	18	.8	22	.9	1	.3	60	.8
(c) Both (a) and (b) . . . . .	—	—	3	.1	2	.08	—	—	5	.07
Total . . . . .	19	.8	258	11.3	334	13.2	65	20.5	676	8.9
III. Children suffering from ailments (other than those mentioned in II.) from which complete recovery is anticipated within a few weeks . . . . .	1,435	57.8	958	42.1	902	35.7	44	13.9	3,339	43.9
IV. Children suffering from (or suspected to be suffering from) defect less remediable than defects specified in II. or III., distinguishing cases—										
(a) Where complete cure or restoration of function (in the case of eye defect, full correction) is considered possible . . . . .	137	5.5	145	6.4	176	7.0	14	4.4	472	6.2
(b) Where improvement only is considered possible, <i>i. e.</i> , without complete restoration of function . . . . .	71	2.9	92	4.0	91	3.6	9	2.8	263	3.5
Total . . . . .	208	8.4	237	10.4	267	10.6	23	7.3	735	9.7
Total number of children examined . . . . .	2,484	100%	2,274	100%	2,528	100%	317	100%	7,603	100%

TABLE IV.

## RETURN OF ALL EXCEPTIONAL CHILDREN OF SCHOOL AGE IN THE AREA.

DISABILITY	At Ordinary Schools	At Special Schools or Classes	At no School or Institution	TOTAL
1. Blind . . . . .	--	2	—	2
2. Partially sighted—				
(a) Refractive errors in which the curriculum of an ordinary school would adversely affect the eye condition . . . . .	—	8	—	8
(b) Other conditions of the eye, <i>e.g.</i> , cataract, ulceration, &c., which render the child unable to read ordinary school books or to see well enough to be taught in an ordinary school . . . . .	—	1	—	1
3. Deaf—				
Grade I . . . . .	20	—	—	20
Grade IIA . . . . .	—	—	—	—
Grade IIB . . . . .	1	10	—	11
Grade III . . . . .	—	50	—	50
4. Defective Speech—				
(a) Defects of articulation requiring special educational measures . . . . .	451	—	—	451
(b) Stammering requiring special educational measures .	145	6	—	151
5. Mentally defective children (between 5 and 16 years)—				
(a) Educable (I.Q. approx. 50-70) . . . . .	—	211	—	211
(b) Ineducable (I.Q. generally less than 50) . . . . .	—	3	26	29
6. Epilepsy—				
(a) Mild and occasional . . . . .	10	7	—	17
(b) Severe (suitable for care in a residential school) .	—	6	—	6
7. Physically defective children (between 5 and 16 years)—				
(a) Non-pulmonary tuberculosis (excluding cervical glands) . . . . .	9	2	3	14
(b) General orthopaedic conditions. . . . .	219	21	2	242
(c) Organic Heart Disease . . . . .	64	7	4	75
(d) Other causes of ill-health . . . . .	—	6	2	8
8. Multiple defects—				
(a) Mentally defective and deaf . . . . .	—	3	—	3
(b) Physically defective and mentally defective . . .	—	10	—	10
(c) Mentally defective (ineducable) and blind . . .	—	—	2	2

TABLE V.—HEIGHTS AND WEIGHTS, 1930-1951.

Boys.

Year	GROUP I.—5 YEARS			GROUP II.—9 YEARS			GROUP III.—13 YEARS			GROUP IV.—16 YEARS		
	Average Age	Average Height in Inches	Average Weight in Lbs.	Average Age	Average Height in Inches	Average Weight in Lbs.	Average Age	Average Height in Inches	Average Weight in Lbs.	Average Age	Average Height in Inches	Average Weight in Lbs.
	Yrs. Mths.			Yrs. Mths.			Yrs. Mths.			Yrs. Mths.		
1930-31	5 3	41.5	40.3	...	...	..	...	...	...	16 3	66.2	127.0
1931-32	5 3	41.5	40.1	9 0	49.7	58.7	...	...	...	16 1	65.6	127.3
1932-33	5 3	41.6	40.1	9 0	49.6	58.1	...	...	...	16 1	66.2	128.4
1933-34	5 3	41.5	40.3	9 0	49.7	58.6	...	...	...	16 0	65.7	123.9
1934-35	5 3	41.6	40.2	9 0	49.7	58.0	...	...	...	16 1	66.4	128.7
1935-36	5 3	41.9	40.4	9 0	49.9	58.6	...	...	...	16 0	66.2	125.1
1936-37	5 3	41.8	40.4	9 0	50.0	58.8	...	...	...	16 0	65.4	126.7
1937-38	5 3	41.8	40.7	9 0	50.3	59.6	...	...	...	16 0	66.7	129.6
1938-39	5 3	42.0	41.0	9 6	51.3	60.9	13 6	58.6	90.9	16 5	67.7	135.0
1939-40	5 4	42.3	41.6	9 6	50.9	61.3	13 6	58.5	89.8	16 6	67.0	134.1
1940-41	5 3	41.9	41.3	9 4	50.7	60.8	13 5	58.4	88.2	16 4	67.1	132.0
1941-42	5 4	42.0	41.4	9 4	50.8	61.1	13 4	58.3	88.3	16 5	67.4	133.2
1942-43	5 3	42.0	41.2	9 4	50.8	60.8	13 4	58.5	88.8	16 5	67.5	134.0
1943-44	5 3	42.0	41.8	9 5	50.9	62.0	13 5	58.6	89.4	16 7	67.4	134.7
1944-45	5 3	42.2	42.0	9 4	51.0	61.8	13 4	58.4	89.4	16 4	67.5	133.5
1945-46	5 3	42.4	42.1	9 5	51.0	62.2	13 5	58.7	90.1	16 6	67.5	134.3
1946-47	5 2	42.3	41.7	9 2	51.1	62.0	13 5	58.7	90.4	16 6	67.6	130.0
1947-48	5 2	42.3	41.8	9 5	51.1	62.4	13 4	58.7	90.6	16 6	67.5	134.5
1948-49	5 3	42.4	42.4	9 5	51.3	63.3	13 5	58.8	91.4	16 6	67.7	134.3
1949-50	5 3	42.8	42.8	9 5	51.6	63.6	13 5	59.0	91.6	16 6	67.6	135.3
1950-51	5 3	42.5	42.8	9 3	51.5	63.1	13 5	59.1	92.5	16 5	67.4	133.3

TABLE V.—HEIGHTS AND WEIGHTS, 1930-1951.—continued.

Girls.

Year	GROUP I.—5 YEARS				GROUP II.—9 YEARS				GROUP III.—13 YEARS				GROUP IV.—16 YEARS			
	Average Age	Average Height in Inches	Average Weight in Lbs.	Yrs. Mths.	Average Age	Average Height in Inches	Average Weight in Lbs.	Yrs. Mths.	Average Age	Average Height in Inches	Average Weight in Lbs.	Yrs. Mths.	Average Age	Average Height in Inches	Average Weight in Lbs.	
1930-31	5 3	41·2	38·5	...	...	...	...	...	...	...	...	...	16 3	62·7	114·4	
1931-32	5 3	41·0	38·3	9 0	49·1	55·4	...	...	...	...	...	...	16 1	62·3	116·1	
1932-33	5 3	41·2	38·5	9 1	49·2	55·9	...	...	...	...	...	...	16 1	63·0	119·0	
1933-34	5 3.	41·2	38·8	9 0	49·7	56·6	...	...	...	...	...	...	16 1	62·7	115·4	
1934-35	5 3	41·4	38·9	9 0	49·6	55·9	...	...	...	...	...	...	16 0	63·1	118·8	
1935-36	5 3	41·3	38·5	9 0	49·6	55·9	...	...	...	...	...	...	16 0	63·6	118·8	
1936-37	5 3	41·4	38·7	9 0	49·6	56·1	...	...	...	...	...	...	16 0	63·1	119·2	
1937-38	5 3	41·7	39·1	9 0	50·1	56·8	...	...	...	...	...	...	16 0	63·8	120·7	
1938-39	5 3	41·7	39·3	9 7	51·1	60·5	13 6	59·6	94·4	63·6	120·2	...	...	...	...	
1939-40	5 4	41·9	40·0	9 6	50·4	59·3	13 5	58·9	92·7	...	...	...	...	...	...	
1940-41	5 3	41·7	39·7	9 4	50·2	58·5	13 5	59·0	91·6	16 6	120·5	...	...	...	...	
1941-42	5 3	41·6	39·8	9 4	50·3	58·6	13 4	58·8	92·0	16 5	122·3	...	...	...	...	
1942-43	5 3	41·8	40·0	9 4	50·4	58·2	13 4	59·3	92·2	16 6	120·6	...	...	...	...	
1943-44	5 3	41·6	39·9	9 5	50·4	59·4	13 5	59·3	93·4	16 7	124·8	...	...	...	...	
1944-45	5 3	41·9	40·1	9 5	50·3	60·5	13 5	59·3	93·4	16 6	123·8	...	...	...	...	
1945-46	5 3	41·7	40·3	9 6	50·6	60·4	13 5	59·4	94·9	16 6	121·7	...	...	...	...	
1946-47	5 2	42·7	40·2	9 5	50·7	60·3	13 4	59·3	92·6	16 6	124·2	...	...	...	...	
1947-48	5 2	42·0	41·2	9 5	50·8	60·6	13 5	59·4	94·8	16 5	123·2	...	...	...	...	
1948-49	5 3	42·4	41·1	9 5	50·9	61·5	13 5	59·6	96·5	16 5	123·9	...	...	...	...	
1949-50	5 3	42·1	40·7	9 5	51·0	61·3	13 6	59·6	95·9	16 6	120·9	...	...	...	...	
1950-51	5 3	42·1	41·0	9 5	51·4	61·1	13 4	59·5	96·1	16 6	120·3	...	...	...	...	

### C.—PORT HEALTH ADMINISTRATION.

Under the Port Sanitary Regulations of 1933 and 1945, in relation to vessels arriving from foreign ports, the usual Declarations of Health were received.

The work carried out by the Sanitary Staff in accordance with the Corporation's Scheme of Port Sanitary Administration is given in the Annual Report of the Chief Sanitary Inspector.

### D.—FOOD SUPPLY.

#### (1) *Milk.*

The administration of the Acts, Orders, and Bye-laws relating to milk is dealt with in detail in the 1951 Annual Report of the Chief Sanitary Inspector.

#### (2) *Ice-Cream.*

The administration of the Ice-Cream (Scotland) Regulations, 1948, is also dealt with in the Annual Report of the Chief Sanitary Inspector.

#### (3) *Meat and other Foods.*

Of the four private slaughter-houses licensed within the Burgh, two belong to the Flesher Incorporation. The only slaughter-house in operation during the whole of 1951 was Hutcheon Street Slaughter-house which belongs to the above-mentioned Incorporation, as does the Charles Street Slaughter-house which was opened intermittently throughout the year.

The following is a summary of the animals slaughtered and the results of the inspection of the carcasses:—

Class of Animal.	Total Slaughtered.	Carcasses Totally Condemned.	Carcasses Partially Condemned.	Weight (in lbs.) of Condemned Meat and Offal.
Cattle . . . .	48,809	632	625	501,634
Sheep . . . .	122,129	228	175	43,558
Pigs . . . .	1,687	92	82	20,443
Calves . . . .	3,988	175	4	12,024
	<u>176,613</u>	<u>1,127</u>	<u>886</u>	<u>577,659</u>

In addition, 676 lots of organs or offal were condemned and these weighed 247,102 lbs. The total weight of condemned meat and offal thus amounted to 824,761 lbs.

#### *Slaughter of Animals (Scotland) Act, 1928.*

During 1951, there were no prosecutions under this Act.

Fifty-five licences were issued for the use of the mechanically-operated instrument for the slaughter of animals.

#### *Diseases of Animals Acts.*

The routine work necessary under the various Acts and Orders was duly carried out.

During 1951, no outbreaks of contagious diseases occurred.



## E.—MISCELLANEOUS.

### (1) *National Assistance Act, 1948.*

Under the provisions of this Act, local authorities are required to provide moderately-sized establishments for the accommodation of those aged and infirm persons within their area who cannot be adequately looked after either in their own homes or by relatives. In 1950, the Corporation acquired Balnagask House and Estate, and Balnagask House, after being reconditioned, was set aside for the accommodation of old persons. This Home, which has accommodation for 22 old persons, was formally opened on 6th December, 1950, by Sir Andrew Davidson, Chief Medical Officer, Department of Health for Scotland. The Home is fully occupied, the majority of the occupants having been transferred from Woodend Home. The environment of the Home is very attractive, and at the end of the year all those resident in the Home expressed themselves as being very happy in their new surroundings.

At the end of 1950, negotiations were proceeding for the purchase of a house at 3, Ferryhill Place, and the Corporation were successful in obtaining the house. After alterations, the Home was opened at the end of November, 1951, and twelve old people were transferred to this Home from Woodend Home.

The whole essence of residential accommodation for the aged involves the breaking down of the poor law system where the aged were congregated together in large numbers. For economic working, the ideal accommodation is for 25 to 35 persons; perhaps the latter number is on the large side. The main functions of these Homes is to make the old people comfortable, to rehabilitate them where possible, and to make them feel that they are real worth-while members of the community.

The Local Authority have entered into an agreement with the Old People's Welfare Council, a voluntary organisation which has acquired a group of four large houses in the City for the reception of aged persons. By this agreement, the Local Authority meet a proportion of the cost of the maintenance of those cases who are admitted to the Welfare Council's Homes, due regard being had to the financial circumstances of each individual case. Arrangements have also been made with the Church of Scotland Committee on Social Service for the reception of aged persons from the City into Balmedie Home.

During the year under review, the negotiations for the purchase by the Regional Hospital Board of Woodend Home were completed and the Home was taken over by the Regional Hospital Board as at 16th March, although the Corporation continued to act for the Board on an agency basis until 31st October. One of the conditions of agreement is that the Regional Hospital Board will make provision for a certain number of aged and infirm for the period of seven years from the transfer, but it is

the policy of the Corporation to endeavour to provide alternative accommodation for those at present in Woodend Home as early as possible.

*Registration and Inspection of Disabled or Old Persons' Homes.*

The registration in respect of Homes for the disabled and old persons is a duty placed on the Local Authority. During the year, *one* Home, which belongs to the Aberdeen Old People's Welfare Council, was registered. This brings the total number of Homes registered in the City up to 8.

*Removals.*

In Section 47 of the National Assistance Act, power is given to Local Authorities to remove to suitable premises any person suffering from grave chronic disease, or any person who is aged and infirm and is living in insanitary conditions, provided that such persons are unable to look after themselves and cannot get anyone to look after them efficiently. During the year under review, 16 cases came within this category, but the powers of the Section were not required as, through suasion, the persons involved went voluntarily to an institution.

*Care of Property.*

Another important provision of the National Assistance Act is that it gives power to Local Authorities to provide for the care and protection of property when the owners are admitted to hospital. During the year, there were 425 such cases. By so acting, the Local Authority relieves the minds of the patients whilst they are in hospital, as they know that their goods and chattels are being safeguarded.

*Burials or Cremations.*

Burials were carried out by the Corporation in respect of 66 deceased persons who had no near relatives willing or able to bury them. Where death grant was applicable, financial recovery was obtained from the Ministry of National Insurance.

*Welfare Services.*

The number of blind persons on the Register of the Blind as at 31st December, 1951, was 318. The numbers according to different age groups are given in the subjoined table:—

0-2		3-4		5-15		16-17		18-29		30-39		40-49		50-69		70+		TOTAL		
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	T.
—	—	—	—	4	2	1	—	8	5	16	9	17	26	62	54	43	71	151	167	318

During 1951, 46 persons were examined for the first time, 31 at the Regional Blind Persons' Clinic and 15 at their homes. In addition, 9 persons underwent re-examination. The total number of persons examined was 55, as compared with 41 in 1950.

Of the 46 applicants examined for the first time, 30 (or 65 per cent.) were certified blind within the meaning of the Blind Persons Act,

As regards the employment of blind persons of 16 years and upwards, the numbers employed as at 31st December, 1951, were as under:—

(a) In Institutions for the Blind—

	Males.	Females.
Undergoing industrial training . . . . .	6	2
Undergoing secondary or professional education . . . . .	—	—
In workshops . . . . .	40	10
(b) Outwith Institutions for the Blind . . . . .	*12	1

\*Including 6 home workers.

(2) *The Nursing Homes Registration (Scotland) Act.*

Under this Act one application was made and granted during the year.

## F.—STATISTICAL COMMENTARY.

### POPULATION.

The population of the City, as estimated by the Registrar-General at the middle of the year, was 183,248. This estimate is based on the census population taken in April, 1951.

The reports containing all the particulars relating to this last census—the fifteenth census of Scotland—have not yet been published. The population, as ascertained at the 1951 census, was 182,741, showing an increase of 12,911 over the 1931 census figure of 169,803.

### BIRTHS.

*Live-Births.*—The total number of live-births during the year 1951, corrected for “transfers,” was 3,028 (2,866 legitimate and 162 illegitimate). This gives a rate of 16·5 per 1,000 of population, as compared with 17·2 in 1950.

The following table shows the rates for Aberdeen and for all Scotland for the years 1946 to 1951:—

Year.	Live Births. Rate per 1,000 of Population.	
	Aberdeen.	All Scotland.
1951 . . . . .	16·5	17·7
1950 . . . . .	17·2	17·9
1949 . . . . .	17·5	18·5
1948 . . . . .	19·1	19·4
1947 . . . . .	22·0	22·0
1946 . . . . .	20·4	20·3
Mean of 1946-1950 . . .	19·2	19·6

In 1951, the birth-rates in the other principal cities were—Glasgow, 18·4; Edinburgh, 15·7; and Dundee, 17·6.

The natural increase for the year, *i.e.*, the excess of births over deaths, was 847, as compared with 960 in 1950, and 1,093 in 1949. In 1938, the excess of births over deaths was 872.

*Masculinity of Live-Births.*—This term indicates the proportion of male births to female births in any year. Of the total 3,028 live births in 1951, 1,591 were males and 1,437 were females, giving a proportion of 111 males to 100 females, as compared with 107 in 1950.

*Illegitimate Live-Births.*—In 1951, the number of illegitimate births was 162, representing 5·4 per cent. of the total births. For all Scotland, the rate was 5·1 per cent.

*Still-Births.*—The number of still-births, after correction for “transfers,” was 66, giving a rate of 21 per 1,000 total births, as compared with a rate of 22 in 1950. For all Scotland, the rate in 1951 was 27 per 1,000 total births.

### MARRIAGES.

During 1951, there were 1,833 marriages within the City. This is equivalent to a rate of 10·0 per 1,000 of population. For comparative purposes, the following table is submitted:—

Year.	Number.	Rate per 1,000 of Population.
1951 . . . .	1,833	10·0
1950 . . . .	1,853	9·9
1949 . . . .	1,841	9·7
1948 . . . .	2,104	11·1
1947 . . . .	2,091	11·1
1946 . . . .	2,186	11·9
Mean of 1946-1950 . .	2,015	10·7

### DEATHS.

The total number of deaths and the death-rate per 1,000 of the population, as also the average age at death for each of the years 1946-1951, are given in the following table:—

Year.	Number.	Rate per 1,000 of Population.	Average age at Death.
1951 . . . .	2,181	11·9	65·7
1950 . . . .	2,266	12·1	64·9
1949 . . . .	2,213	11·7	64·1
1948 . . . .	2,098	11·1	61·7
1947 . . . .	2,242	11·9	57·3
1946 . . . .	2,124	12·0	60·3
Mean of 1946-1950 . .	2,189	11·8	61·7

There were 2,181 deaths in 1951 as compared with 2,266 in 1950. The death-rate was 11·9 in 1951 as compared with 12·1 in 1950. For all Scotland, the death-rate in 1951 was 12·9 and in 1950, 12·4.

*The average age at death of all persons dying during 1951 was 65·7 years, being the highest average age at death on record.* In the quinquennial period, 1891-1895, the average age at death was 32·9 years.



An analysis of the deaths at the various age-periods shows that, of the 2,181 deaths in 1951, 860 (or fully one-third of the total deaths) occurred in ages 75 years and over.

#### CAUSES OF DEATH.

Table II gives the death-rate from each of the principal infectious diseases and from selected causes since the commencement of registration of deaths in 1856. The rates in 1950 and 1951 are based on the classification of causes of death in accordance with the "Sixth Revision of the International Lists of Diseases and Causes of Death" and, in some instances, the rates are not strictly comparable with preceding years. The causes of death in 1951 at the various age-periods are classified in Table III.

TABLE I.—ABERDEEN.—MARRIAGE, BIRTH, AND DEATH RATE—1856 TO 1951.  
Per 1,000 of population.

Year	Population†	Marriages		Live Births *			Deaths *			Excess of Births over Deaths	Infantile Mortality Deaths of Infants under 1 year per 1,000 Births
		Number	Rate per 1,000 of Population	Number	Rate per 1,000 of Population	Illegit Births per 100 Total Births	Number	Rate per 1,000 of Population	Average Age at Death		
1951	183,248	1,833	10.0	3,028	16.5	5.4	2,181	11.9	65.7	847	27
1950	187,961	1,853	9.9	3,226	17.2	5.3	2,266	12.1	64.9	960	29
1949	189,314	1,841	9.7	3,306	17.5	5.7	2,213	11.7	64.1	1,093	30
1948	188,853	2,104	11.1	3,598	19.1	5.9	2,098	11.1	61.7	1,500	34
1947	187,751	2,091	11.1	4,124	22.0	5.9	2,242	11.9	57.3	1,882	64
1946	176,939	2,186	11.9	3,762	20.4	7.0	2,124	12.0	60.3	1,638	42
Mean of 1946-1950	†	2,015	10.7	3,603	19.2	6.0	2,189	11.8	61.7	1,414	40
1945	163,108	2,286	12.5	2,830	15.5	10.0	2,084	12.8	59.6	746	54
1944	159,263	1,646	9.1	2,989	16.5	9.2	2,056	12.9	58.4	933	57
1943	159,162	1,700	9.5	2,876	16.0	8.9	2,239	14.1	57.5	637	68
1942	164,100	2,034	11.3	2,904	16.1	8.5	2,224	13.6	57.9	680	67
1941	167,800	2,055	11.4	2,907	16.2	7.5	2,257	13.5	56.2	650	77
Mean of 1941-45	†162,687	1,944	10.8	2,901	16.1	8.8	2,172	13.4	57.9	729	65
1936-1940	†	1,962	11.0	2,973	16.7	6.2	2,243	12.7	55.4	730	72
1931-1935	171,959	1,590	9.2	3,133	18.2	7.1	2,284	13.3	52.1	849	86
1926-1930	165,956	1,510	9.1	3,263	19.7	8.2	2,207	13.3	49.1	1,056	94
1921-1925	161,622	1,582	9.8	3,763	23.3	8.2	2,303	14.3	44.4	1,460	115
1916-1920	161,568	1,754	10.9	3,479	21.5	10.6	2,439	15.1	41.7	1,040	127
1911-1915	164,324	1,489	9.1	3,959	24.1	10.2	2,752	16.8	38.1	1,207	143
1906-1910	163,620	1,360	8.3	4,505	27.5	9.7	2,512	15.4	37.6	1,993	128
1901-1905	158,082	1,428	9.0	4,872	30.8	8.5	2,763	17.5	34.9	2,109	143
1896-1900	145,740	1,356	9.3	4,636	31.8	8.3	2,644	18.1	33.3	1,992	144
1891-1895	131,627	1,099	8.4	4,114	31.3	9.8	2,539	19.3	32.9	1,575	147
1886-1890	117,587	911	7.8	3,827	32.5	10.4	2,370	20.2	...	1,457	140
1881-1885	108,959	848	7.8	3,712	34.1	10.6	2,159	19.8	...	1,553	126
1876-1880	100,419	788	7.9	3,480	34.7	10.9	2,100	20.9	...	1,380	129
1871-1875	91,941	705	7.7	3,169	34.5	12.1	2,063	22.4	...	1,106	133
1866-1870	84,234	684	8.1	3,010	35.7	12.9	1,978	23.5	...	1,032	133
1861-1865	77,040	624	8.1	2,663	34.6	...	1,915	24.9	...	748	130
1856-1860	73,458	524	7.1	2,397	32.6	...	1,772	24.1	...	625	126

\* Corrected for transferred births for 1911 and for transferred deaths for 1904 and subsequent years.

† Civilian Population from 1940 to 1946 inclusive used for death-rate only.

TABLE II.—ABERDEEN.—DEATHS AT ALL AGES FROM SELECTED CAUSES.  
(per 100,000 of population).—Years 1856-1951.\*

Year.	Smallpox.	Scarlet Fever.	Diphtheria and Croup.	Measles.	Whooping Cough.	Influenza.	Typhus Fever.	Typhoid and Paratyphoid Fever.	Tuberc. Dis.		Dis. of Digestive System (inc. Diarrhoea).	Cancer and other Malignant Diseases.	Bronchitis.	Pneumonia.	Diseases of the Circulatory System.
									Respiratory.	Other Tuberculosis.					
†1951 . . .	0	0	0	1	2	5	0	0	20	3	44	195	38	58	454
1950 . . .	0	0	1	1	0	7	0	0	20	3	44	208	45	56	434
1949 . . .	0	0	0	1	0	5	0	0	32	3	44	182	43	58	414
1948 . . .	0	1	0	1	1	2	0	0	33	4	58	169	23	45	361
1947 . . .	0	0	0	2	3	1	0	1	35	6	90	177	38	59	402
1946 . . .	0	0	0	0	2	5	0	0	40	7	65	175	36	52	390
Mean of 1946-50 .	0	0·2	0·2	1	1	4	0	0·2	32	5	60	182	37	54	400
1945 . . .	0	0	6	2	2	4	0	0	43	9	64	177	35	44	383
1944 . . .	0	1	3	0	2	4	0	0	48	21	58	167	39	47	387
1943 . . .	0	1	3	1	2	28	0	0	46	17	78	189	48	57	386
1942 . . .	0	0	9	2	3	2	0	0	46	19	79	187	40	49	367
1941 . . .	0	0	11	2	4	8	0	1	48	13	65	169	46	64	362
Mean of 1941-45 .	0	0·4	6	1	3	9	0	0·2	46	16	69	178	42	52	377
Mean of 1936-40 .	0	1	11	4	7	15	0	1	41	11	69	160	50	73	331
„ „ 1931-35 .	0	5	9	9	12	18	0	1	52	17	70	159	60	102	276
„ „ 1926-30 .	0·2	2	10	11	11	21	0	0·2	62	30	78	145	61	100	240
„ „ 1921-25 .	0	5	11	33	29	27	0	1	88	31	80	140	80	92	195
„ „ 1916-20 .	0	6	16	22	23	73	0	3	106	43	87	121	99	122	178
„ „ 1911-15 .	0·2	38	42	56	32	16	0	4	111	49	124	116	101	128	184
„ „ 1906-10 .	0	6	15	26	42	20	0	2	116	61	115	103	105	116	180
„ „ 1901-05 .	0·1	8	9	41	47	20	3	4	138	69	162	87	145	125	179
„ „ 1896-1900 .	0	23	18	35	53	29	0	9	167	70	210	87	172	109	167
„ „ 1891-95 .	0·4	21	22	63	52	56	1	10	181	72	190	81	210	100	156
„ „ 1886-90 .	1	14	10	80	66	9	1	15	184	67	202	68	216	100	175
„ „ 1881-85 .	0·2	13	15	36	67	1	6	13	204	74	185	69	251	82	159
„ „ 1876-80 .	1	35	30	28	66	2	19	29	223	101	194	61	286	72	146
„ „ 1871-75 .	48	68	30	53	68	5	20	35	243	107	214	56	281	60	136
„ „ 1866-70 .	4	71	35	50	62	8	62	49	298	130	259	59	238	70	122
„ „ 1861-65 .	36	93	49	51	62	12	176	274	128	280	57	220	59	122	
„ „ 1856-60 .	40	118	54	70	69	12	109	322	179	203	56	182	58	111	

\*Corrected for transferred deaths in 1904 and subsequent years.

†Causes of Death classified in accordance with Sixth Revision of International List of Causes of Death.

TABLE III.—ABERDEEN.—MORTALITY AT VARIOUS AGE PERIODS FROM VARIOUS CAUSES.  
(Corrected for transferred deaths.)

AGE.	A.—NUMBER OF DEATHS—YEAR 1951.																		B.—DEATH-RATE PER 100,000.												
	All Causes.		Infectious and Parasitic Diseases (excl. Tuberculosis).		Tuberculous Diseases.		Malignant Diseases.		Dis. of Nervous Syst. and Sense Organs.		Dis. of Circulatory System.		Pneumonia.		Respiratory Diseases.		Dis. of Digest. System (incl. Diarrhoea and Enteritis).		Dis. of Genito-Urinary System.		Dis. of Pregnancy and Child-birth.		Malformations under 1 year and Diseases of Early Infancy.		Senility.		Violence.		Miscellaneous.		
			Principal Epidemic.	Other Infections.	Respiratory.	Other Tuberculous.	Cereb. Haem., etc.	Other Nervous.	Dis. of Circulatory System.	Pneumonia.	Bronchitis.	Other Respiratory.	Dis. of Digest. System (incl. Diarrhoea and Enteritis).	Dis. of Genito-Urinary System.	Puerperal Sepsis.	Other Diseases.	Dis. of Pregnancy and Child-birth.	Malformations under 1 year and Diseases of Early Infancy.	Senility.	Violence.	Miscellaneous.										
Under 1 year .	82	3	—	—	—	—	—	—	—	—	—	—	11	2	1	2	—	—	—	—	—	—	—	58	—	—	—	5	—	—	
1-5 years .	16	—	5	—	1	—	1	—	1	—	—	—	2	1	—	—	—	—	2	—	—	—	—	—	—	—	2	1	—	—	
5-15 " .	12	1	—	—	1	—	2	—	2	—	2	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	2	1	—	—	
15-25 " .	15	—	—	2	—	—	3	—	—	—	2	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	3	2	—	—	
25-35 " .	32	—	—	7	1	5	1	2	7	—	1	—	—	1	1	—	—	—	—	—	1	—	—	—	—	—	2	3	—	—	
35-45 " .	76	—	1	7	2	19	6	6	12	—	2	1	—	2	1	8	1	—	—	1	—	—	—	—	—	—	6	4	—	—	
45-55 " .	180	1	1	2	—	50	23	5	52	9	7	2	9	7	2	11	3	—	—	3	—	—	—	—	—	—	7	7	—	—	
55-65 " .	351	2	1	6	—	85	49	6	115	13	12	3	13	12	3	16	8	—	—	8	—	—	—	—	—	—	11	24	—	—	
65-75 " .	557	1	1	11	—	113	90	7	238	19	18	5	19	18	5	19	9	—	—	9	—	—	—	—	—	—	10	14	—	—	
75+ " .	860	6	1	1	—	80	173	17	404	51	27	9	51	27	9	24	25	—	—	25	—	—	—	—	—	5	13	24	—	—	
All Ages .	2181	14	10	36	5	358	342	46	832	106	70	22	106	70	22	81	49	1	3	58	5	61	82	5	5	61	82	—	—	—	
1951 .	1190	8	5	20	3	195	186	25	454	58	38	12	44	27	1	2	32	3	33	44	—	—	—	—	—	—	—	—	—	—	—







